

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

K. SEAN O'NEIL, and S.L. O'NEIL, and the
marital community composed thereof,

Plaintiffs,

v.

ST. JUDE MEDICAL, INC., a Minnesota
corporation, and PACESETTER, INC., dba ST.
JUDE CARDIAC RHYTHM MANAGEMENT
DIVISION, a Delaware Corporation,

Defendants.

Case No.

**CLASS ACTION COMPLAINT
AND JURY DEMAND**

I. INTRODUCTION

1. This is a class action against the Defendants under the Washington Product Liability Act ("WPLA"), RCW 7.72 *et seq.* Plaintiffs O'Neil bring this Class Action Complaint against St. Jude Medical, Inc., and Pacesetter, Inc. dba St. Jude Cardiac Rhythm Management Division (collectively referred to as "St. Jude" or "Defendants") to establish (1) St. Jude's liability to the Class for product defects in the St. Jude Riata and Riata ST Leads (hereinafter referred to as "Riata Leads" or "Leads"), (2) punitive damages due the Class under California law, (3) class-wide categories of recoverable damages, including the cost of all evaluative, monitoring, diagnostic, preventative, and corrective medical, surgical, and incidental expenses, costs, and other compensatory losses caused by Defendants' defective product, (4) all damages due the named Plaintiffs caused by the defective Riata Lead, and (5) a procedure by which each

1 class member may prove his or her quantum of damages owed by Defendants to that class
2 member. Plaintiff Mr. O'Neil had a defective Riata Lead implanted, which had to be surgically
3 replaced in October 2012, after he suffered electrical shocks from the defibrillator caused by the
4 defective lead. As detailed below, the Food and Drug Administration ("FDA") has issued a
5 Class I recall for Mr. O'Neil's specific Riata Lead as well as a number of other Riata leads that
6 caused the same electrical shock as experienced by Mr. O'Neil.

7 2. St. Jude manufactures a variety of medical devices to treat heart conditions,
8 including implantable cardiac defibrillators ("ICDs"). Wires called leads, are attached to the
9 ICD, then inserted through a major vein and attached directly to the muscle on the inside of the
10 heart, thereby connecting the ICD to the heart. Electrodes that sense the heart's rhythm are built
11 into the lead wires and positioned in the heart, where they monitor the heartbeat and correct any
12 irregular rhythms.

13 3. In 1996, St. Jude received approval to market the predecessor of the Riata and
14 Riata ST Leads. St. Jude Medical ultimately introduced its Riata Leads into the U.S. Market
15 beginning in 2002. These Leads were based on the original 1996 submission and numerous
16 supplements. Approximately 227,000 Riata leads have been sold worldwide since approved for
17 marketing. 79,000 Riata Leads are estimated to remain active in the United States.

18 4. In December 2011, the Food and Drug Administration ("FDA") issued a Class I
19 Recall for the following Riata Lead model numbers:

20 Riata (8Fr): 1560, 1561, 1562, 1570, 1571, 1572, 1580, 1581, 1582, 1590,
21 1591, 1592; and Riata (7Fr): 7000, 7001, 7002, 7010, 7011, 7040, 7041,
22 7042

23 (collectively "Riata Leads"). This recall has resulted in thousands of corrective surgeries to
24 remove the defective leads and replace them with non-defective leads, resulting in predictable
25 pain, suffering, cost and expense.

II. PARTIES

A. Plaintiffs

5. Plaintiff K. Sean O'Neil lives in King County, Washington. He is married to S.L. O'Neil. He had a Riata Lead Model #ST7002 implanted in a St. Jude defibrillator in July 2006 by Dr. Renzo Cataldo in Phoenix, Arizona.

6. In 2012, Mr. O'Neil's cardiologist told him that his St. Jude Riata Lead had been recalled by the FDA. In September 2012, Mr. O'Neil started getting electrical shocks from his defibrillator for no apparent reason. His physicians then turned off his defibrillator because of the electrical shock risk, until Mr. O'Neil could arrange for surgery to replace the defective lead. In October 2012, Mr. O'Neil went to the Cleveland Clinic in Ohio to have the defective Riata lead removed by an expert in such surgeries. His surgeon confirmed after removing the Riata lead from Mr. O'Neil that it was defective. Plaintiffs incurred a significant out-of-pocket cost for the surgery, Mr. O'Neil suffered a difficult, lengthy recovery, and Mrs. O'Neil suffered loss of consortium.

7. As a result of the defect in his Riata Lead, Plaintiff Mr. O'Neil has been injured physically and emotionally, plaintiff Mrs. O'Neil has suffered loss of consortium, and Plaintiffs have suffered economic losses.

B. Defendants

8. Defendant St. Jude Medical, Inc. ("St. Jude Medical") is a Minnesota Corporation that is headquartered in St. Paul, Minnesota at One St. Jude Medical Drive, St. Paul, Minnesota, 55117.

9. Defendant St. Jude Medical manufactures medical devices that are sold in more than 100 countries around the world. It had net sales of over \$5.6 billion in 2011.

10. Defendant Pacesetter, Inc. dba St. Jude Cardiac Rhythm Management Division ("Pacesetter") is a Delaware corporation with its principal place of business at 15900 Valley View Court, in Sylmar, California. Pacesetter, doing business as St. Jude Medical Cardiac Rhythm Management Division, develops, manufactures, and distributes cardiovascular and

1 implantable neuro-stimulation medical devices, including the Riata and Riata ST Leads at issue
2 here. Pacesetter operates as a wholly owned subsidiary of St. Jude Medical, Inc. Prior to 1994,
3 Pacesetter was known as Siemens Pacesetter, Inc.

4 11. Pacesetter also holds the trademark for Riata. Specifically, on September 7, 2001,
5 Pacesetter filed a federal trademark registration. The United States Patent Trademark Office
6 ("USPTO") issued the Riata trademark, serial number 76310892, to Pacesetter on November 5,
7 2002. The correspondent listed for Riata is Steven M. Mitchell of Pacesetter, Inc., 15900 Valley
8 View Court, Sylmar, CA 91342. The Riata trademark is filed in the category of Medical
9 Instrument Products. At all relevant times, each of the Defendants and their directors and
10 officers acted within the scope of their authority and on behalf of each other Defendant. During
11 the relevant times, Defendants possessed a unity of interest between themselves, and St. Jude
12 Medical exercised control over its subsidiaries and affiliates. As such, each Defendant is
13 individually, as well as jointly and severally, liable to Plaintiff and the Class for their damages.

14 III. JURISDICTION AND VENUE

15 12. The Court has subject matter diversity jurisdiction over the parties pursuant to 28
16 U.S.C. § 1332 insofar as the parties are citizens of different states and the amount in controversy
17 in this matter exceeds Seventy-Five Thousand Dollars (\$75,000), exclusive of interest and costs.

18 13. Personal jurisdiction and venue is proper pursuant to 28 U.S.C. § 1391(a)(2)
19 because Defendants regularly solicited and engaged in business and other persistent courses of
20 conduct and derived substantial revenues from goods used in the State of Washington and in this
21 district.

22 IV. CLASS ALLEGATIONS

23 14. Plaintiff brings this WPLA action individually, and on behalf of the following
24 Washington state-wide class of similarly situated individuals, pursuant to Fed. R. Civ. P. 23,
25 described below:

26 All Washington residents who have had implanted any of the following Riata
27 Lead model numbers: Riata (8Fr): 1560, 1561, 1562, 1570, 1571, 1572, 1580,

1 1581, 1582, 1590, 1591, 1592; and Riata (7Fr): 7000, 7001, 7002, 7010, 7011,
2 7040, 7041, 7042, including those who have had such Riata Lead replaced
because the lead was defective or because of the Phase I recall.

3 Plaintiffs will prove at trial Defendants' liability to the Class, punitive damages due the
4 Class, the class-wide categories of recoverable damages, including all evaluative,
5 monitoring, diagnostic, preventative, and corrective medical, surgical, and incidental
6 expenses, costs, and other compensatory losses caused by Defendants' defective product,
7 the named Plaintiffs' damages, and the right of each class member to prove the quantum
8 of damages owed by Defendants to that class member.

9 15. The members of the Class are so numerous that joinder of all members is
10 impractical. Plaintiff estimates there are at least forty (40) members of the Class who have been
11 uniformly affected by Defendants' defective Riata leads. The precise number of class members
12 can be ascertained through Defendants' records. Given the composition and size of the class,
13 potential class members may be informed of the pendency of this Class Action by direct mail.

14 16. There are questions of law and fact common to the Class, including, without
15 limitation:

- 16 • Whether Defendants' Riata leads are defective as alleged in the Counts of this
- 17 class action complaint;
- 18 • Whether Plaintiff and the Class incurred injuries related to the replacement of the
- 19 defective Riata leads;
- 20 • Whether punitive damages should be awarded to the Class against Defendants;
- 21 and
- 22 • The class-wide categories of recoverable compensatory damages.

23 17. Plaintiffs' claims are typical of the claims of the Class members. The
24 Defendants' Riata Lead was implanted into Plaintiff Mr. O'Neil and members of the Class, those
25 leads were defective, have been recalled by the FDA and many accordingly have been replaced.

1 Plaintiff Mr. O'Neil suffered injury, plaintiff Mrs. O'Neil suffered loss of consortium, and
2 Plaintiffs incurred medical and other expenses due to the product defect.

3 18. Plaintiffs will fairly and adequately represent and protect the interests of the
4 Class. Plaintiffs are similarly situated to the Class and have no conflict with the Class members.
5 Plaintiffs have retained competent attorneys who are experienced in class litigation and who are
6 committed to prosecuting this action.

7 19. The action is properly maintainable as a class action under Fed. R. Civ. P. 23
8 because the common questions of law and fact set forth above are applicable to the Class and
9 predominate over any questions affecting only individual members, and a class action is superior
10 to other available methods for the fair and efficient adjudication of the controversy, especially
11 with respect to considerations of consistency, economy, efficiency, fairness and equity.

12 V. FACTUAL ALLEGATIONS

13 A. Brief History of the Heart Devices

14 20. In 1980, termination of human arrhythmias with Implantable Cardiac
15 Defibrillators ("ICDs") was reported in the New England Journal of Medicine. Thereafter, a
16 number of devices were approved and manufactured to detect and treat abnormally fast and
17 irregular heart rhythms, and to provide pacing for improper heart rhythms. ICDs include
18 pacemakers as well as defibrillators. Pacemakers are used primarily to correct slow heart rates.
19 Defibrillators detect and correct both fast and slow heart rates. Using the pacemaker and
20 defibrillator function, an ICD can correct slow heart rates, pace rapid heart rates, and administer
21 a shock to stabilize the heart and allow for a return to an appropriate rhythm.

22 21. Generally, leads act to conduct the electrical impulses between the heart and the
23 ICD. Low voltage pacing therapy to treat slow heart rhythms is provided through pace-sense
24 electrodes. High voltage shocks for defibrillation are provided through lead wires attached
25 directly to the endocardium, the inner layer of the heart muscle. Electrodes that sense the heart's
26 rhythm are built into the lead wires and positioned in the heart, where they monitor the heartbeat

1 and can transmit an electric shock from the ICD to abort dangerous heart rhythms or pace the
2 heart, if necessary, into a normal rhythm.

3 22. Any failure that compromises the ability of the lead to conduct electrical signals
4 will result in a failure of the ICD to perform properly. Lead failures may include externalization
5 of the conductors, abrasion, fractured wires, insulation loss, loss of ability to capture, changes in
6 electrical characteristics in the ventricle chamber, abnormal lead impedance, sensing failure, and
7 changes in tissue conductor interface.

8 **B. The Basic Regulatory Approval Process**

9 23. A pre-market approval application (“PMA”) must be submitted to the FDA for
10 any Class III medical device. *See* 21 U.S.C. 515(b); 21 C.F.R. §814.3(e). A PMA must contain
11 certain information which is critical to the FDA’s evaluation of the safety and efficacy of the
12 medical device at issue. A PMA and/or PMA Supplement application must provide:

- 13 a. proposed indications for use;
- 14 b. device description including the manufacturing process;
- 15 c. any marketing history;
- 16 d. summary of studies (including non-clinical laboratory studies, clinical
17 investigations involving human subjects, and conclusions from the study
18 that address benefit and risk considerations);
- 19 e. methods used in manufacturing the device, including compliance with
20 current good manufacturing practices; and
- 21 f. information relevant to an evaluation of the safety and effectiveness of the
22 device known to or that should reasonably be known to the manufacturer
23 from any source, including commercial marketing experience.

24 **C. The Regulatory Approval Process Specific to the Riata Leads**

25 24. In May, 1996, the FDA approved Defendants’ original Riata lead application
26 (P950022). From 1996 to 2002, Defendants submitted and the FDA approved 14 supplements
27 to this original PMA. These supplements altered various aspects of the design and manufacture
of the leads.

1 25. On March 11, 2002, the FDA, pursuant to St. Jude Medical's application number
2 P950022/S014, approved the Riata Series 1500 Defibrillation Lead System. This approval
3 applied to Riata Model Numbers 1570, 1571, 1580, and 1581.

4 26. On January 23, 2003, the FDA, pursuant to St. Jude Medical's application number
5 P950022/S015, approved an extension of the shelf-life of the Riata Leads.

6 27. On March 25, 2003, St. Jude Medical added two new models to the Riata Series
7 (Model No. 1572 and 1582), when the FDA approved application number P950022/S016.

8 28. On July 1, 2003, the FDA, pursuant to St. Jude Medical's application number
9 P950022/S017, approved the addition of a fluoroscopic marker in the helix tip and the addition
10 of new lead lengths and modifications to the suture sleeve.

11 29. On April 12, 2004, the FDA approved St. Jude Medical's application number
12 P950022/S018, a modification to the Riata defibrillation lead family to include integrated bipolar
13 leads (Models 1560, 1561, 1562, 1590, 1591, and 1592).

14 30. In May of 2005, a series of applications for manufacturing modifications were
15 approved by the FDA. These requests involved "dimensional changes" to the Riata Leads,
16 changes from welding to crimping connectors, changes from manual to automated processes, as
17 well as changes to the order of the manufacturing steps for the crimping process, and "changes to
18 the stylet ring and header coupling." *See*, application numbers: P950022/S020; P950022/S021;
19 P950022/S022; P950022/S019; and P950022/S023.

20 31. On June 3, 2005, the FDA approved Riata ST Lead Models 7000, 7001, and 7002
21 under application number P950022/S024.

22 32. On September 13, 2005, the FDA approved, pursuant to St. Jude Medical's
23 application number P950022/S026, the removal of a 14-day hold period by instituting total and
24 delta battery current tests.

1 33. On November 4, 2005, the FDA approved, pursuant to St. Jude Medical's
2 application number P950022/S025 the addition of six lead models with elast-eon 2a lead body
3 insulation materials to the Leads.

4 34. In March of 2006, the FDA approved the following changes to the Riata Leads: 1)
5 modifications to the Riata ST Models 7000, 7001, and 7002 active-fixation defibrillation leads to
6 change the geometric profile of the inner coil and add white pigment to the medical adhesive
7 used for shock coil backfill; 2) modifications to the Riata ST Models 7000, 7001, and 7002 leads
8 to create an active-fixation integrated bipolar lead. These devices, as modified, are marketed
9 under the trade names Riata ST Models 7010, 7011, and 7012 and are indicated for use with
10 compatible pulse generators; and 3) modifications to the Riata ST Models 7000, 7001, and 7002
11 to create a passive fixation and a passive fixation integrated bipolar lead. These devices, as
12 modified, were marketed under the trade names Riata ST Models 7040, 7041, and 7042 (passive
13 fixation) and Riata ST Models 7050, 7051, 7052 (passive fixation integrated bipolar) and are
14 indicated for use with compatible pulse generators. These changes were all included in
15 application numbers P950022/S027 and P950022/S028.

16 35. On July 7, 2006, the FDA approved, pursuant to St. Jude Medical's application
17 number P950022/S030 an overlay of the silicone lead body of the Riata ST leads to create the
18 new Riata ST Optim lead models 7020, 7021, 7022, 7030, 7031, 7070, 7071.

19 36. In November 2006, the FDA approved St. Jude Medical's application to change
20 the supplier for the DR-1 Boot component of its Riata Leads. (P950022/S031).

21 37. In December 2006, the FDA approved St. Jude Medical's application for a helix
22 attachment modification for the Riata 1580, 1581, and 1582 leads as well as a crimp-weld
23 coupling modification for the Riata and Riata ST lead families. (P950022/S032).

24 38. In February 2007, the FDA approved St. Jude Medical's application to add an
25 automated trimming fixture to trim excess silicone adhesive on the shock electrodes during
26 production of the Riata ST family of leads. (P950022/S033).

1 39. In March 2007, the FDA approved St. Jude Medical's application for the
2 following changes to their Riata Leads: 1) Modification to the crimp slug weld tab; 2)
3 Modification to the distal header assembly; 3) Modification to the PTFE liner in the IS-1
4 connector leg; 4) Removal of the PTFE liners in the two DF-1 connector legs; 5) Addition of a
5 DF-1 plug accessory to the lead package; 6) Addition of an extra-soft stylet accessory to the lead
6 package; 7) Minor modifications to the User Manual; and 8) Modified radius specification for
7 the spring stopper component. (P950022/S034). The FDA also approved a change in the
8 supplier of the front seal component (P950022/S035), added an "alternative welding process
9 (P950022/S036), and added alternate vendor of the molded connector boot for the manufacturer
10 of Riata ST Leads (P950022/S037).

11 40. In June 2007, the FDA approved St. Jude Medical's application to change the
12 suppliers of their connector rings and inner crimp sleeve components. (P950022/S038,
13 P950022/S039, P960013/S031, and P960013/S032).

14 41. In October 2007, the FDA approved St. Jude Medical's application for an
15 alternate supplier of ETFE coated cables. (P950022/S043).

16 42. In December 2007, the FDA approved St. Jude Medical's application to change
17 the "shock coil backfill manufacturing process" (P950022/S046), to extend the time between
18 plasma treatment and application of medical adhesive (P950022/S047), and to alternate oven
19 settings during processing of the shock coils (P950022/S048).

20 43. In May 2008, the FDA approved St. Jude Medical's application to transition the
21 manufacturing site located at Steri-Tech, Inc., Salinas, Puerto Rico for Ethylene Oxide
22 sterilization of the pacemakers, ICDs and leads. (P950022/S045).

23 44. In July 2008, the FDA approved St. Jude Medical's application to transition the
24 manufacturing of the Riata Leads to a plant in Arecibo, Puerto Rico. (P950022/S051).

D. FDA Inspection of Defendants' Manufacturing Facilities and Processes

45. In 2009, the FDA conducted a For-Cause Quality Systems Inspection Technique (QSIT) of Defendants' manufacturing facility in Sylmar, California. As part of this inspection, the FDA requested a list of all Corrective and Preventative Action (CAPA) and Product Improvement Requests (PIR) opened since 2002. Defendants provided the following PIRs regarding High Voltage Leads:

- 09-005 – Helix extension retraction failure due to the spring popping out of its location and getting jammed between the header coupling and stopper
- 09-001 – Cable Fracture under Strain Relief Coil DF-1 leg
- 07-006 – Outer Coil Fractures at IS-1 Connector Ring
- 06-014 – Hypot Failures in Riata ST Leads Manufacturing
- 06-012 – Riata Coil Fracture at Inner coil Shaft
- 06-005 – Missing DF-1 Crimps in HV Lead Manufacturing
- 06-004 – Swapped DF-1 Labels in HV Lead Manufacturing
- 06-003 – Riata Lead With Incorrect Conduction Paths
- 05-016– Riata Integrated Bipolar IS-1 Connector Dielectric Strength Improvement
- 05-009- Riata Lead Abrasion
- 04-006 – Insufficient Crimp on RV shock coil termination ring employed on the Riata Integrated Bipolar Leads seen in Manufacturing
- 04-003- Riata Perforation
- 03-006 – Riata Lead Cable Coating Abrasion
- 02-004 – Riata, Missing Weld, DF-1 Conn. Pin.

46. The inspection revealed that Defendants had deficiencies in the handling of complaints, making Medical Device Reporting (MDR) determinations, CAPA procedures, and receiving protocols.

1 47. The inspection also revealed that Defendants failed to follow their procedure for
2 product design developments of the Leads.

3 48. As a result of these deficiencies, the FDA issued an eight-item FDA-483 Report.
4 An FDA Form 483 is issued to firm management at the conclusion of an inspection when an
5 investigator(s) has observed any conditions that in their judgment may constitute violations of
6 the Food Drug and Cosmetic Act and related Acts. FDA investigators are trained to ensure that
7 each observation noted on the FDA Form 483 is clear, specific and significant.

8 49. Specifically, these deficiencies identified by the FDA in 2009 included the
9 following:

- 10 a. Defendants failed to include all information that was reasonably known to
11 the manufacturer on an MDR Report in violation of 21 CFR 803 *et seq.*
- 12 b. Defendants failed to timely submit MDRs to the FDA and such
13 submissions were significantly past the mandatory reporting timeframes
14 without written explanation in violation of 21 CFR 803 *et seq.*
- 15 c. Defendants failed to define the procedures for implementing corrective
16 and preventative actions in violation of 21 CFR 820 *et seq.* Specifically,
17 the Standard Operating Procedure for risk analysis failed to define the
18 methodology for obtaining the Probability of Occurrence that is used in
19 Risk evaluations resulting in inconsistent risk analyses.
- 20 d. Defendants failed to review their sampling methods for adequacy of their
21 intended use in violation of 21 CFR 820 *et seq.* Specifically, the
22 procedure "Receiving Inspection Sampling Program" allows components
23 to be accepted without receiving inspections and review of vendor
24 certificates (Dock to Stock method). The procedure did not have a
25 monitoring program for receiving components that were subject to Dock to
26 Stock methods. As of June 23, 2009, a significant number of "critical
27 components for defibrillation leads were Dock to Stock components."
Also, the sections of "Dock to Stock General Requirements" and "Dock to
Stock Part Declassification" were purged without written justifications.
- e. Defendants failed to perform design reviews at appropriate times in
violation of 21 CFR 820 *et seq.* Specifically, Design Phase reviews were
not conducted as required by the procedure for Global Product
Development Protocol and the Product Development Plan. Additionally,
team meeting minutes were not maintained as required.

- 1 f. Defendants failed to perform a complete risk analysis in violation of 21
2 CFR 820 *et seq.* Specifically, the Failure Mode, Effects, and Criticality
3 Analysis (FMECA) did not include all drawings and St. Jude was unable
4 to explain why component drawings were not evaluated for failure mode,
5 effect, and criticality analysis. The design FMECA analysis for
6 components and top assembly drawings were part of the risk analysis for
7 the Riata leads.
- 8 g. Defendants failed to establish procedures for the validation or verification
9 review, and approval of design changes before their implementation in
10 violation of 21 CFR 820 *et seq.* Specifically, Defendants had no written
11 procedure describing the review and approval process of the design
12 verification plan and report, when design changes require a verification
13 plan.
- 14 h. Defendants failed to resolve discrepancies noted at the completion of
15 design verification in violation of 21 CFR 820 *et seq.* Specifically, the
16 review of Quality Test Report (QTR) 1403 for Riata Series 1500 shows
17 someone who reviewed the data sheets had made a change to the
18 specification of DC resistance on the Qualification Test Data Sheets for
19 Composite Lead Tensile Test, but the reason for the discrepancy and
20 reason for the change were not discussed in the QTR or meeting minutes.

21 50. On October 17, 2012, the FDA conducted a subsequent 483 inspection of
22 Defendants' Sylmar, California manufacturing facility and identified several deficiencies
23 including failures regarding design verification, complaint handling, CAPA procedures, risk
24 analyses, inspection/measuring/testing/calibration of equipment, document control, and
25 employee training.

26 **E. Manufacturing Defects of the Riata Leads**

27 51. From 2005-2010, St. Jude applied for over 27 manufacturing or process changes
to the Riata Leads. The FDA approved these changes in a PMA and multiple supplements.
Upon information and belief, Defendants failed to manufacture the Riata Leads consistent with
the design specifications and/or the approved changes, thereby creating a defective product.

52. Upon information and belief, one of these defects includes inconsistent insulation
diameters surrounding the electric conductors. On information and belief, insulation diameters
are required by the design specifications, PMA, and/or federal requirements to be consistent.
Upon information and belief, St. Jude failed to manufacture uniform insulation diameters leading

1 to an increased risk of abrasion at thinner insulation sites, which leads to an increased risk of
2 device failure.

3 53. A natural process of abrasion occurs in situ with the insulation surrounding the
4 lead wires or electrical conductors. It is foreseeable that such abrasion will occur with the
5 insulation surrounding the lead wires after implantation. As a result, the lead wires protrude
6 through the insulation, causing them to be in contact with materials and fluids that can prevent
7 the proper functioning of the ICD. This protrusion is called "externalization."

8 54. The breach of insulation and externalization of the lead wires on the Riata Leads
9 can cause the Leads to short, and to transmit incorrect information or noise to the
10 pacemaker/defibrillator thereby causing the defibrillator to produce unnecessary and very painful
11 shocks of electricity, or, alternatively, the leads fail to communicate with the
12 pacemaker/defibrillator at which point the life-saving therapies of the device are unavailable.

13 55. Further, upon information and belief, St. Jude inconsistently applied a lubricious
14 interface between the inner and outer insulation in violation of the design specifications and/or
15 PMA. Upon information and belief this inconsistent application may have led to increased
16 friction within the lead body, promoting abrasion and/or externalization.

17 56. Additionally, St. Jude applied and received approval for multiple changes to the
18 cure and sterilization processes used in the manufacture of the Riata Leads. Upon information
19 and belief, St. Jude failed to comply with the approved methods and/or specifications of curing
20 and sterilization during the manufacture of the Leads. Upon information and belief, St. Jude
21 failed to follow the approved cure and sterilization processes, resulting in reduced tensile
22 strength of the silicone insulation.

23 57. Finally, St. Jude applied and received approval for numerous modifications to the
24 welding and crimping procedures in the manufacture of the Riata Leads. Upon information and
25 belief, a controlled, uniform degree of force is required when applying the crimp. Upon
26
27

1 information and belief, St. Jude failed to crimp with a controlled, uniform, degree of force,
2 resulting in insecure crimps over the length of the Lead.

3 58. Failure of the Riata Leads was apparently unrelated to patient age or sex, ICD
4 indication, the primary heart disease, left ventricular ejection fraction, or lead tip position,
5 suggesting that manufacturing problems are responsible for the failure of the devices.

6 **F. Recall of the Riata Leads**

7 59. On December 15, 2010, St. Jude Medical published a "Dear Doctor" letter
8 regarding its Riata Leads. In the 2010 letter, St. Jude indicated that issues with defects in the
9 insulation had been identified in the Riata Lead Models 1560, 1561, 1562, 1570, 1571, 1572,
10 1580, 1581, 1582, 1590, 1591, 1592, 7000, 7001, 7002, 7010, 7011, 7040, 7041, and 7042.

11 60. Specifically, St. Jude stated that "the Riata and Riata ST Family of Silicone Leads
12 have exhibited an insulation abrasion rate of 0.47% over nine years of use." Additionally, St.
13 Jude noted that the silicone used on these leads was "vulnerable to abrasion."

14 61. In the 2010 Dear Doctor letter, St. Jude indicated that Lead insulation abrasion
15 had been associated with:

- 16 a. Oversensing (leading to inhibition of pacing or inappropriate high voltage
17 therapy);
- 18 b. undersensing;
- 19 c. loss of capture;
- 20 d. changes in pacing and/or high voltage lead impedances; and
- 21 e. inability to deliver high voltage therapy.

22 62. Despite the dangers associated with these leads, St. Jude did not initiate a
23 voluntary recall of the leads at that time. Rather, St. Jude simply noted that it was "phasing-out"
24 all Riata Lead models by the end of 2010.

25 63. On November 28, 2011, St. Jude published a second Dear Doctor letter relating to
26 the same set of Riata Lead Models as the 2010 Dear Doctor letter.

64. The November 28, 2011 Letter updated the previously published failure rates for the Riata Leads, indicating that it had increased to 0.63% from its 2010 rate of 0.47%. Again, despite the dangers associated with these leads, St. Jude did not initiate a voluntary recall.

65. On December 21, 2011, the FDA reclassified St. Jude's Dear Doctor advisories to a Class I Recall.

66. A Class I Recall is the most serious level of recall and is defined as: a situation in which there is a reasonable probability that the use of or exposure to a product will cause serious adverse health consequences or death.

67. Specifically, the FDA indicated that the reason for the recall was that "failures associated with lead insulation abrasion on the St. Jude Riata and Riata ST Silicone Endocardial Defibrillation Leads may cause the conductors to become externalized. If this occurs, this product may cause serious adverse health consequences, including death."

G. Physicians Expose the Riata Lead Defects

68. Beginning in September 2011, Dr. Robert Hauser of the Minneapolis Heart Institute Foundation ("MHI"), began researching the FDA's MAUDE database for reported deaths related to the St. Jude Riata Leads.

69. In a manuscript sent to the *Heart Rhythm* Journal in March 2012, Dr. Hauser detailed his research and conclusions comparing the failure rates of the St. Jude Riata Leads to the reported failure rates of a competitor's leads. Hauser et al. Deaths caused by the failure of Riata and Riata ST implantable cardioverter-defibrillator leads. *Heart Rhythm*. 2012 Aug; 9(8):1227-35.

70. In his manuscript, Dr. Hauser indicated that the reports showed that 31% of the deaths involving the Riata Leads were lead-related, whereas 8% of the deaths involving the competitor's lead were found to be lead-related. *Id.* It is important to note that adverse events are often under-reported. *Id.*

1 71. Additionally, Dr. Hauser noted that “Abnormal high voltage impedances were the
2 hallmark of catastrophic Riata and Riata ST lead failure, often resulting in failure to defibrillate.”
3 *Id.* Finally, Dr. Hauser concludes that the Riata Leads are prone to high-voltage failures that
4 have resulted in multiple deaths. *Id.*

5 72. On March 8, 2012, Dr. Hauser’s article entitled “Here we Go Again – Another
6 Failure in Postmarketing Device Surveillance” was published in the New England Journal of
7 Medicine. This article exposed the increased harm in failing to have an accurate, active post-
8 market reporting mechanism for medical devices and advocated for greater research and review
9 of medical device failures in order to better protect patients. Robert G. Hauser, *Here We Go*
10 *Again – Another Failure in Postmarketing Device Surveillance*, 366 NEW ENG. J. MED. 873,
11 873-75 (2012).

12 73. St. Jude Medical reacted to Dr. Hauser’s article in what industry analysts have
13 described as a “rare,” “unprecedented,” and “confounding” manner by demanding that the New
14 England Journal of Medicine retract Dr. Hauser’s article. *See* Barry Meier and Katie Thomas, *At*
15 *St. Jude, Firing Back at Critics*, N.Y. TIMES, Apr. 11, 2012, at B1; Susan Kelly and Debra
16 Sherman, *Analysis: Heart device troubles cloud St. Jude’s outlook*, Reuters.com, Apr. 13, 2012,
17 <http://www.reuters.com/article/2012/04/13/us-stjude-idUSBRE83C0ME20120413>.

18 74. In May 2012, Dr. Hauser published additional findings regarding the Riata Lead
19 insulation defects. *See* R.G. Houser et al., *Riata Implantable Cardioverter-Defibrillator Lead*
20 *Failure: Analysis of Explanted Leads with a Unique Insulation Defect*, 9 Heart Rhythm J. 742
21 (2012).

22 75. In 2012, the FDA ordered Defendants to collect clinical data related to the
23 potential for premature insulation failure in Riata and Riata ST Leads. The FDA required
24 Defendants to conduct three-year post-market surveillance studies, or section 522 studies, to
25 address concerns related to premature insulation failure and to address important questions
26 related to follow-up of affected patients.

1 76. In January 2013, a study published in the Heart Rhythm Journal indicated that
2 Defendants had recently advised that the rate of cable externalization was 24% in the Riata 8fr
3 Leads and 9% in the Riata ST 7fr Lead – despite previous reports that such rates were only .63%.
4 The article also stated that a number of studies have confirmed that Riata Leads fail more often
5 than other brands.

6 **VI. CLAIMS FOR RELIEF**

7 **COUNT I (RCW 7.72 *et seq.*)** 8 **STRICT LIABILITY – MANUFACTURING DEFECT**

9 77. Plaintiffs hereby incorporate by reference all preceding paragraphs as if fully set
10 forth herein.

11 78. Upon information and belief, the Riata Leads, including Plaintiff Mr. O’Neil’s
12 Riata Lead, contain a manufacturing defect because the actual manufacture of the Riata Leads
13 differs from the specifications set forth in the PMA and/or the conditions for approval, which
14 rendered the device unreasonably and dangerously defective beyond the extent contemplated by
15 ordinary consumers with ordinary knowledge regarding the device.

16 79. This manufacturing defect was present in the Riata Lead when it left St. Jude’s
17 control.

18 80. The Riata Leads were expected to and did reach Plaintiff Mr. O’Neil without
19 substantial change or adjustment to their mechanical function upon implanting the Riata Leads.

20 81. As a direct and proximate result of this product defect, Plaintiffs have suffered
21 physical injuries, emotional distress, mental anguish, economic losses, and other damages in an
22 amount to be proven at trial. As a direct and proximate result of this product defect, the Class
23 also has suffered similar injuries. The Class is entitled to a declaration of the Defendants’
24 liability and the right to adjudicate the quantum of each class member’s damages.
25
26
27

COUNT II
PRODUCT DEFECT: STRICT LIABILITY -- FAILURE TO FOLLOW FEDERAL
REGULATIONS (RCW 7.72 et seq.)

82. Plaintiffs hereby incorporate by reference all preceding paragraphs as if fully set forth herein.

83. Federal Regulations impose standards of conduct on St. Jude Medical related to the manufacture, marketing, and sale of the Riata Leads. These regulations include: 21 CFR 803.10; 21 CFR 803.50; 21 CFR 803.52; 21 CFR 803.53; 21 CFR 803.56; 21 CFR 806; 21 CFR 814.1; 21 CFR 814.3; 21 CFR 814.9; 21 CFR 814.20; 21 CFR 814.37; 21 CFR 814.39; 21 CFR 814.80; 21 CFR 814.82; 21 CFR 814.84; 21 CFR 820.5; 21 CFR 820.20; 21 CFR 820.22; 21 CFR 820.25; 21 CFR 820.70.

84. Plaintiffs are within the class of persons the regulations protect and Plaintiff Mr. O'Neil's injuries are the type of harm these regulations are designed to prevent.

85. Upon information and belief, the Conditions of Approval for the Riata Leads incorporate these regulations. St. Jude failed to comply with the Conditions of Approval and Federal Regulations. Defendants' failure to comply with federal regulations rendered the device unreasonably and dangerously defective beyond the extent contemplated by ordinary patients with ordinary knowledge regarding the device.

86. As a direct and proximate result of this product defect, Plaintiffs have suffered physical injuries, emotional distress, mental anguish, economic losses, and other damages in an amount to be proven at trial. As a direct and proximate result of this product defect, the Class also has suffered similar injuries. The Class is entitled to a declaration of the Defendants' liability and the right to adjudicate the amount of each class member's damages.

COUNT III
PRODUCT DEFECT: STRICT LIABILITY -- FAILURE TO WARN AND TO
INVESTIGATE (RCW 7.72 et seq.)

87. Plaintiffs hereby incorporate by reference all preceding paragraphs as if fully set forth herein.

1 88. Defendants have a duty to provide ongoing warnings and instructions regarding
2 safety hazards associated with the Leads.

3 89. Defendants breached this duty by failing to *inter alia* provide timely and adequate
4 reports regarding safety hazards and/or potential defects associated with the Leads.

5 90. Defendants also breached this duty by failing to conduct adequate risk analyses
6 and investigations required by federal regulations regarding safety hazards and/or potential
7 defects associated with the Leads. Defendants' failure to warn investigate rendered the device
8 unreasonably and dangerously defective beyond the extent contemplated by ordinary patients
9 with ordinary knowledge regarding the device.

10 91. As a direct and proximate result of this product defect, Plaintiffs have suffered
11 physical injuries, emotional distress, mental anguish, economic losses, and other damages in an
12 amount to be proven at trial. As a direct and proximate result of this product defect, the Class
13 also has suffered similar injuries. The Class is entitled to a declaration of the Defendants'
14 liability and the right to adjudicate the amount of each class member's damages.

15 VII. RELIEF

16 WHEREFORE, Plaintiffs respectfully pray that the Court enter an order:

17 A. Certifying this action as a class action pursuant to Fed. R. Civ. P. 23;

18 B. Ordering Defendants to promptly file with this Court and furnish to Plaintiffs'
19 counsel a list of all names and addresses of all Washington residents who have had implanted
20 one of the recalled Riata Leads, or other information from which the identity of such persons can
21 be derived, and authorizing Plaintiffs' counsel to mail notice at the earliest possible time to these
22 individuals, informing them that this action has been filed, the nature of the action, and their
23 right to "opt-out" of the certified Class;

24 C. For judgment in favor of Plaintiffs and the Class that Defendants' Riata Leads are
25 defective within the meaning of the WPLA;

1 D. Applying Washington Choice of Law principles, awarding disgorgement of
2 profits and punitive damages to the Class as provided by California law;

3 E. For declaratory judgment that Defendants are liable to the Class for all evaluative,
4 monitoring, diagnostic, preventative, and corrective medical, surgical, and incidental expenses,
5 costs, and other compensatory losses caused by Defendants' defective product;

6 F. Awarding compensatory economic and non-economic damages to Plaintiffs in an
7 amount supported by the evidence at trial;

8 G. Establishing a procedure for each class member to adjudicate the quantum of his
9 or her individual compensatory damages;

10 H. For an award of attorneys' fees and costs;

11 I. For prejudgment interest and the costs of suit;

12 J. Granting Plaintiffs and the Class leave to add additional class representatives by
13 motion, or any other method approved by the Court; and

14 K. For such other and further relief as this Court may deem just and proper.

15 **VIII. DEMAND FOR JURY TRIAL**

16 Plaintiffs hereby demand a trial by jury as to all claims in this action.

17 DATED this 12th day of April, 2013.

18 Respectfully submitted,

19 PHILLIPS LAW GROUP, PLLC

20
21 By: /s/ John W. Phillips
22 John W. Phillips, WSBA #12185
23 Phillips Law Group, PLLC
24 315 Fifth Ave S., Suite 1000
25 Seattle, WA 98104
26 Telephone: (206) 382-6163
27 Facsimile: (206) 382-6168
jphillips@jphillipslaw.com

HARRIS & MOURE PLLC

By: /s/ Charles P. Moure
Charles P. Moure, WSBA #23701
Harris & Moure PLLC
600 Stewart, Suite 1200
Seattle, WA 98101
Telephone: (206) 224-5657
Facsimile: (206) 224-5659
charles@harrismoure.com

Attorneys for Plaintiffs

JS 44 (Rev. 12/12)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

K. SEAN O'NEIL, and S.L. O'NEIL, and the marital community composed thereof,

(b) County of Residence of First Listed Plaintiff King County, WA
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

John W. Phillips, 315 5th Ave S, #1000, Seattle WA 206-382-6163
Charles P. Moure, 600 Stewart, #1200, Seattle WA 206-224-5657

DEFENDANTS

ST. JUDE MEDICAL, INC., a Minnesota corporation, and
PACESETTER, INC., dba St. Jude Cardiac Rhythm Management
Division, a Delaware Corporation,

County of Residence of First Listed Defendant Ramsey County, MN
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question
(U.S. Government Not a Party)
- ☒ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input checked="" type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

28 U.S.C. § 1332

Brief description of cause:
Product liability

VII. REQUESTED IN COMPLAINT:

☒ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$
>75,000.00

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

04/12/2013

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFR

JUDGE

MAG. JUDGE

AO440 - WAWD (Revised 10/11) Summons in a Civil Action

United States District Court

for the
Western District of Washington

K. SEAN O'NEIL, and S.L. O'NEIL, and the
marital community composed thereof,

Plaintiff

v.

ST. JUDE MEDICAL, INC., a Minnesota
corporation, and PACESETTER, INC., dba ST.
JUDE CARDIAC RHYTHM MANAGEMENT
DIVISION, a Delaware Corporation,

Defendant

Civil Action No. _____

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

St. Jude Medical, Inc.
One St. Jude Medical Drive
St. Paul, MN 55117

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) - or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) - you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address is:

John W. Phillips
Phillips Law Group, PLLC
315 Fifth Ave S., Suite 1000
Seattle, WA 98104

and

Charles P. Moure
Harris & Moure PLLC
600 Stewart Street, Suite 1200
Seattle, WA 98101

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

AO440 - WAWD (Revised 10/11) Summons in a Civil Action

United States District Court

for the
Western District of Washington

K. SEAN O'NEIL, and S.L. O'NEIL, and the
marital community composed thereof,

Plaintiff

v.

ST. JUDE MEDICAL, INC., a Minnesota
corporation, and PACESETTER, INC., dba ST.
JUDE CARDIAC RHYTHM MANAGEMENT
DIVISION, a Delaware Corporation,

Defendant

Civil Action No. _____

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Pacesetter, Inc. dba ST. JUDE CARDIAC RHYTHM MANAGEMENT DIVISION
15900 Valley View Court
Sylmar, CA 91342

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) - or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) - you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address is:

John W. Phillips
Phillips Law Group, PLLC
315 Fifth Ave S., Suite 1000
Seattle, WA 98104

and

Charles P. Moure
Harris & Moure PLLC
600 Stewart Street, Suite 1200
Seattle, WA 98101

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk