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19	Bard Peripheral Vascular, I	Inc.		
20	IN THE	UNITED STATE	S DISTRICT C	OURT
21	FC	OR THE DISTRIC	T OF ARIZON	A
22	IN RE: Bard IVC Filters Pr	oducts Liability	No. 2:15-MI	D-02641-DGC
23	Litigation,		JOINT REI	
24	This Document Relates to:			NING FILTER TYPE
25	Lisa Hyde, et al. v. C. R. Ba	ard, Inc., et al.	(Assigned to Campbell)	the Honorable David G.
26	CV-16-00893-PHX-DGC			
27				
28				

Pursuant to the Court's Order dated July 26, 2018 (Doc. 12007 at 2 n.1), the Parties
 submit the following joint report regarding whether there is a means for determining
 Plaintiff Lisa Hyde's filter type prior to trial, or whether this will be an issue for the jury.
 The Parties, having conferred, set forth their respective positions as follows:

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Defendants' Position

Defendants have reviewed the case materials and, after conferring with Plaintiffs,
conclude that there is no definitive means for determining whether Ms. Hyde was
implanted with a G2[®]X or an Eclipse[®] Filter. It is Bard's position that this evidence
should be presented to the jury as a question of fact for the jury to resolve.

10

I. Factual Background.

Plaintiffs identified this case as involving a G2[®] Filter in their Complaint (Doc. 1, 11 12 2:16-cv-00893-DGC), Plaintiff Profile Form, and Plaintiff Fact Sheet. Defendants' 13 Exhibit 1, Plaintiffs' Profile Form at § 3.A. ("Bard G2"); Defendants' Exhibit 2, Plaintiffs' Fact Sheet ("PFS") at § II.1 ("G2[®]"). At the time of the bellwether selection in 14 15 April 2017, Bard identified this case as involving a G2X when Ms. Hyde was proposed as 16 a bellwether plaintiff. See Doc. 5652 at 6 ("Ms. Hyde had a G2X implanted on 17 2/25/2011."). At the same time, Plaintiffs identified this case as involving a G2, not a 18 G2X or an Eclipse. See Doc. 5706 at 17 (Sealed Lodged) ("Name: Hyde; Device: G2"; 19 "Lisa Hyde – G2"; "She ... had a Bard G2 filter implanted."); id. at 1 n.1 ("Lisa Hyde, 20 case no. 16-CV-00893 (G2 filter)"); id. at 25 (same); see also Doc. 5707 at 10 (Sealed 21 Lodged) ("Hyde – G2 fracture and migration; complex percutaneous retrieval.").

As noted in previous filings (Docs. 7359, 11921), it became apparent to counsel for Bard during discovery after the bellwether selection process that there is a question of fact whether Ms. Hyde's filter is a G2X or an Eclipse Filter. Bard provided notice of this discovery to Plaintiffs nearly a year ago in its supplemental discovery responses (Doc. 11921-1), and summary judgment briefing in August 2017 (Doc 7359 at 2 n.2). Bard has subsequently determined that billing and shipping records do not conclusively answer this question, and Ms. Hyde's filter type should be a question for the jury. 1

II. Plaintiffs' Medical Records Are Not Conclusive.

2 On February 25, 2011, Plaintiff Lisa Hyde was implanted with a Bard Filter 3 through a jugular approach by Dr. David Henry at Wheaton Franciscan Healthcare – 4 Franklin ("Wheaton"). Defendants' Exhibit 3, Selected Plaintiff Medical Records at HYDEL_WFHF_RAD00002-03. There is no product sticker and no lot number identified 5 6 in the medical records to confirm the filter type. Dr. Henry's implant record identifies the 7 filter simply as a "Bard G2 retrievable." Id. Other records from the date of implant refer to 8 the filter as a "G2 jugular/subclavian IVC filter." Defendants' Exhibit 3 at 9 HYDEL_WFHF_MDR00109. Because imaging shows that the filter had a snarable tip, 10 the filter is either a G2X or Eclipse, not a G2 which lacks a snarable tip. The Eclipse is an 11 electropolished version of the G2X Filter.

On August 26, 2014, Dr. William Kuo retrieved Ms. Hyde's filter. Dr. Kuo refers to Ms. Hyde's filter as both a G2X and Eclipse Filter in his medical records. <u>Defendants'</u> <u>Exhibit 3</u> at HYDEL_SHC_MDR00019 ("The images show an infrarenal Bard Eclipse IVC filter"), HYDEL_SHC_MDR_00039 (same); HYDEL_SHC_MDR_00055-56 ("Spot radiograph of the IVC demonstrates a Bard G2X filter"; "Successful retrieval of a fractured Bard G2X IVC Filter."). Thus, Plaintiffs' medical records are inconclusive on the issue.

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III. Plaintiff's Physician Deposition Testimony Is Not Conclusive.

Dr. Henry's deposition testimony is not clear on the filter model that he implanted
in Ms. Hyde. When asked whether she received "a G2X IVC filter," Dr. Henry testified "I
believe it may have been, but I'm not sure." <u>Defendants' Exhibit 4</u>, April 6, 2017,
Dr. Henry Dep. Tr. at 11:22-24. He had no independent recollection of the encounter,
which was the only encounter Dr. Henry had with Ms. Hyde. *Id.* at 12:5-12.

Dr. Kuo's testimony is equally inconclusive. Dr. Kuo testified that it is hard to distinguish between a G2X or Eclipse from imaging because "[t]hey look the same on the x-ray." <u>Defendants' Exhibit 5</u>, March 23, 2017, Dr. Kuo Dep. Tr. at 25:23 to 26:5; 24:25 to 25:1 ("The shape of the device of an Eclipse and a G2X are identical."); 23:16-22 ("It's the same filter. One of them is just another name for when they added an electro-polish on
the device. But it's pretty much the same filter."); 67:18 to 68:5 ("without having a
written record, it would be hard to see that on the x-ray.").

Even after he removed the filter and actually saw the device, Dr. Kuo was still

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unable to definitively distinguish whether it was a G2X or an Eclipse filter. *Id.* at 24:1015. This is because "when we remove these devices, we can't tell because we don't have
an electron microscope[] in the room [to determine] whether there's an electro-polish on
it." *Id.* at 24:16-25. Ms. Hyde's filter was discarded after it was retrieved, so there is no
way to confirm whether it was electropolished. Thus, Plaintiffs' physician testimony is
equally inconclusive no the issue.

11

IV. Bard's Sales Representative Deposition Testimony Is Not Conclusive.

12 On February 16, 2011, Mary Starr, the Interventional Radiology Coordinator for 13 Wheaton, e-mailed Matt Fermanich, Bard's sales representative for Wheaton at the time: 14 "I need to order some filters is it the Eclipes [sic] or the G2?" Defendants' Exhibit 6, 15 BPVEFILTER-48-00004804-07. Later that day, Mr. Fermanich responded, "Mary you 16 want the Eclipse," and he provided product codes. Id. at BPVEFILTER-48-00004804. On 17 February 17, 2011, Ms. Starr with Wheaton replied: "Thanks Matt. We still have a G2 in 18 stock. Are those still being used?" Id. It does not appear after a review of the discovery in 19 the parties' possession that Mr. Fermanich responded to this last e-mail. But Tim Hug, 20 Bard's regional sales manager at the time, testified based on this same e-mail that he 21 "would assume that Matt would probably tell her that the G2 -- to go ahead and utilize the 22 G2 and that when she does her reorders to order the Eclipse. Right? I mean, that's -- that's 23 the direction that we have, and that's the communication that we have, and I would 24 assume that -- that Matt could carry that out, but I can't say that with certainty obviously." 25 Defendants' Exhibit 7, August 23, 2017, Tim Hug Dep. Tr. at 199:9 to 200:3.

Mr. Fermanich testified that it appeared based on this e-mail that Wheaton was still "using the G2" at the time. <u>Defendants' Exhibit 8</u>, March 27, 2017, Fermanich Dep. Tr. at 202:10-22 ("Looks like it, yes."). Referring to the same e-mail, when asked whether "at

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1 least at this time, it's fair to say that [Wheaton] is using the G2," Mr. Hug testified that it 2 "would be fair that it sounds like they have some in stock, yes." Defendants' Exhibit 7 at 3 199:9-14. This e-mail was dated eight days before Ms. Hyde was implanted on 4 February 25, 2011. Mr. Fermanich does not know if he ever had a discussion with 5 Wheaton before February 17, 2011, that Bard was discontinuing the G2s and that the 6 hospital should switch to the Eclipse. Defendants' Exhibit 8 at 202:23 to 204:5. Thus, this 7 e-mail and related deposition testimony is also inconclusive on the issue.

8 9

V.

Bard's Sales and Billing Records Are Circumstantial Evidence That Ms. Hyde **Received an Eclipse Filter.**

10 Bard's records of IVC filter sales to Wheaton, Ms. Hyde's implanting facility, from 11 the pertinent time period indicate that there is circumstantial evidence the filter she 12 received on February 25, 2011, was an Eclipse. Bard acknowledges that it appears that, as 13 of at least February 17, 2011, Wheaton "still ha[d] a G2 filter in stock," according to 14 Ms. Starr. Defendants' Exhibit 6 at BPVEFILTER-48-00004804. Importantly, Ms. Starr 15 did not say that Wheaton had multiple G2 filters in stock. Instead, she said "a" filter, 16 implying a single filter. *Id.* This appears consistent with the sales history for this facility.

17 Bard sold only two G2X Filters (and no other G2 filters) to Wheaton in the two 18 years preceding the date Ms. Hyde was implanted with her filter on February 25, 2011. 19 Defendants' Exhibit 9, BPV-17-01-00262748 (sales records from January 2010 through 20 February 2011); Defendants' Exhibit 10, BPV-17-01-00262749 to 756 (invoices); 21 Defendants' Exhibit 11, BPVEFILTER-28-00402336 (sales records showing zero filter 22 sales in 2009). Both of these G2X Filters were sold in early January 2010, more than a 23 year before Ms. Hyde received her filter. Defendants' Exhibit 10 at BPV-17-01-24 00262749. Critically, only one of those G2X Filters was a Jugular/Subclavian Delivery 25 Kit, the type of delivery approach Ms. Hyde underwent. *Id.* It is unknowable whether this 26 single G2X Filter Jugular was available for Ms. Hyde's implant on February 25, 2011.

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After January 2010, however, Bard sold eight Eclipse Filters to Wheaton. 28 Defendants' Exhibit 9. One of those Eclipse Filters was a Jugular/Subclavian Delivery

1 Kit. Defendants' Exhibit 10 at BPV-17-01-00262754. This Eclipse Filter Jugular was 2 ordered on February 22, 2011, invoiced and shipped on February 23, 2011, and delivered 3 to Wheaton on February 25, 2011 – the day Ms. Hyde received her filter. Id. Wheaton 4 ordered an additional Eclipse Filter Jugular merely four days later on March 1, 2011. 5 Defendants' Exhibit 10 at BPV-17-01-00262756.

6 Although Mr. Fermanich, Bard's sales representative responsible for Wheaton at 7 the time, testified that his contact with Ms. Starr on February 17, 2011, "may have been 8 the first opportunity I had to get to her" concerning orders for Eclipse filters, the sales 9 records above clearly demonstrate that Wheaton had purchased Eclipse filters as early as 10 November 2010. Defendants' Exhibit 8 at 203:19 to 204:5. Importantly, neither 11 Mr. Fermanich nor Mr. Hug affirmatively testified as to what filter type Ms. Hyde received. Moreover, Mr. Fermanich never testified that the hospital was using G2X filters 12 13 at the time of Plaintiff's implantation procedure, as Plaintiffs contend. Instead, when 14 asked "here now we're at February 17, 2011 ... And you have ... a relatively good 15 customer [Wheaton] who's still using the G2," Mr. Fermanich testified: "Looks like it, 16 yes." Id. at 202:10-22; see also Defendants' Exhibit 7 at 199:9-14 (When asked "at least 17 at this time, it's fair to say that [Wheaton] is using the G2," based on the e-mail dated 18 February 17, 2011, Mr. Hug testified it "would be fair that it sounds like they have some 19 in stock, yes."). Mr. Fermanich also never testified that Wheaton had yet to switch over to 20 the Eclipse Filter by the time of Ms. Hyde's implant, even after being specifically asked: 21 "[s]o obviously they didn't get it switched out in time for Lisa Hyde?" Defendants' 22 Exhibit 8 at 205:5-20. The record evidence refutes this assertion.

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Bard submits that it is a question of fact whether Ms. Hyde received the Eclipse 24 Filter Jugular delivered to Wheaton the day of her implant over the G2X Filter Jugular 25 that Wheaton purchased more than a year before her date of implant that was potentially 26 available as late as February 17, 2011. It is Bard's position that this evidence should be 27 presented to the jury as a question of fact for the jury to resolve.

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VI. Bard Should Not Be Estopped From Challenging Ms. Hyde's Filter Type.

Bard should not be estopped from having the jury resolve this admitted question of
fact because Bard's representation during the bellwether selection was based on
inadvertence and mistake, and none of the facts and circumstances that Plaintiffs assert
warrant estoppel.

6 Judicial estoppel is an equitable doctrine, applied at the court's discretion, which 7 precludes a party from gaining an advantage by asserting one position, and then subsequently seeking an advantage by taking a clearly inconsistent position. See 8 9 Hamilton v. State Farm Fire & Cas. Co., 279 F.3d 778, 782 (9th Cir. 2001). The Ninth 10 Circuit invokes judicial estoppel after analyzing four factors: (1) whether the party's later 11 position is "clearly inconsistent" with its earlier position, (2) whether the party 12 successfully advanced the earlier position such that judicial acceptance of an inconsistent 13 position would create the perception that the court was misled, (3) whether the party 14 seeking to assert the inconsistent position would derive an unfair advantage if not 15 estopped, and (4) whether the party to be estopped acted inadvertently or with any degree 16 of intent. See Samson v. NAMA Holdings, LLC, 637 F.3d 915, 935 (9th Cir. 2011) (citing 17 New Hampshire v. Maine, 532 U.S. 742, 749-750 (2001), and EaglePicher Inc., v. 18 Federal Ins. Co., CV-4-870 PHX MHM, 2007 WL 2265659, at *3 (D. Ariz. Aug. 6, 19 2007)). In particular, the Ninth Circuit will only apply judicial estoppel where 20 incompatible positions are based "on knowing misrepresentation or even fraud on the 21 court" and not "inadvertence or mistake." Id. (citations omitted).

This Court has consistently applied the *New Hampshire* factors, as well as the Ninth Circuit principle that judicial estoppel is not applicable in cases of inadvertence or mistake, to find judicial estoppel unwarranted. *See, e.g., Carbajal v. Dorn*, No. CV 09-0283-PHX-DGC, 2010 WL 892201, at *2 (D. Ariz. Mar. 9, 2010) (refusing to apply judicial estoppel because "[t]he Court cannot, as a matter of undisputed fact, conclude that any change in position on the part of [the plaintiff] was based on 'chicanery' rather than inadvertence or mistake."); *Arizona v. Tohono O'odham Nation*, 944 F. Supp. 2d 748, 757

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- 1 (D. Ariz. 2013), aff'd 818 F.3d 549 (9th Cir. 2016) (applying New Hampshire factors to 2 determine that judicial estoppel was not warranted).¹
- 3

First, Bard's representation to the Court in its bellwether submission that 4 "Ms. Hyde had a G2X implanted on 2/25/2011," (Doc. 5652 at 6), was based on 5 "inadvertence and mistake," and was in no way a "knowing misrepresentation." Samson, 6 637 F.3d at 935; *Carbajal*, 2010 WL 892201, at *2. At the time of the bellwether selection 7 in April 2017, it appeared based on statements in the medical records, and from a review 8 of the imaging, that Ms. Hyde received a G2X Filter. Bard was understandably mistaken 9 as evidenced by the inconclusive records and testimony above. Indeed, based on the same 10 statements in the medical records, Plaintiffs themselves represented in their pleadings and discovery that Ms. Hyde received a G2 Filter. See Compl. ¶ 10 (Doc. 1, 2:16-cv-00893-11 DGC); ² <u>Defendants' Exhibit 1</u>, Plaintiffs' Profile Form at § 3.A. ("Bard G2"); 12 Defendants' Exhibit 2, Plaintiffs' Fact Sheet ("PFS") at § II.1 ("G2[®]"). 13 14 ¹ See also In re Smith, 526 B.R. 343, 348 (D. Ariz. 2015) (same); Am. Realty Capital Properties Inc. v. Holland, No. CV-14-00673-PHX-DGC, 2014 WL 5023004, at *4 (D. 15 Ariz. Oct. 8, 2014) (same); Zrihan v. Wells Fargo Bank, N.A., No. CV-12-02073-PHX-DGC, 2014 WL 348197, at *5 (D. Ariz. Jan. 31, 2014) (same); AdVnt Biotechnologies, LLC v. Schroeder, No. CV-06-2787-PHX-DGC, 2007 WL 1875667, at *3 (D. Ariz. June 16 28, 2007) (same); Tavilla v. Cephalon, Inc., 870 F. Supp. 2d 759 (D. Ariz. 2012) (same). 17 ² Bard's original, internal complaint file produced with its Defendants' Profile Form was

- 18 prepared based on the only information available to Bard at the time: Plaintiffs' civil Complaint that represented that Ms. Hyde received a G2 Filter. Defendants' Exhibit 12, 19 DPS_HydeL_CV-16-00893_000008-21 ("Unknown G2"). Bard re-opened the complaint file once it received medical records for review. This supplemental complaint file 20 produced with Defendants' Fact Sheet – which Plaintiffs reference in support of estoppel - was prepared again based on the only information available to Bard at the time: 21 Plaintiffs' Complaint and the implant records from Dr. Henry identifying the filter as a "Bard G2 retrievable." <u>Defendants' Exhibit 13</u>, DFS_HydeL_CV-16-00893_000003-28. 22 This is why the supplemental complaint file referenced the product as a G2 Filter and provided the Catalog No: RF320J. Bard later re-opened the complaint file again in May 23 2017, after the bellwether submission, once it received the additional medical records and imaging collected during discovery. This supplemental complaint file was based on a 24 review of these additional records, and was produced to Plaintiffs with Bard's Supplemental Defendants' Fact Sheet in August 2017. <u>Defendants' Exhibit 14</u>, DFS_HydeL_CV-16-00893_000078-113. The supplemental complaint file stated "Based 25 on the image it cannot be determined if the filter was a G2 Express, G2X or a Bard 26 Eclipse Filter." Id. at DFS_HydeL_CV-16-00893_000080. Bard also prepared a supplemental MedWatch Submission to FDA stating "Based on the images provided, the identity of the filter cannot be determined." *Id.* at DFS_HydeL_CV-16-00893_000112. 27 Bard did not affirmatively identify Ms. Hyde's filter anywhere else in its original or
- 28 supplemental Defendants' Fact Sheets or the documents produced therewith.

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1 More importantly, Plaintiffs *repeatedly* represented to the Court in their own 2 bellwether submission, and response to Bard's submission, that Ms. Hyde "had a Bard G2" 3 filter implanted," not a G2X or an Eclipse, based on the exact same facts and 4 circumstances that Plaintiffs claim warrant estoppel. Doc. 5706 at 17 (Sealed Lodged) 5 ("Name: Hyde; Device: G2"; "Lisa Hyde – G2"); id. at 1 n.1 ("Lisa Hyde, case no. 16-6 CV-00893 (G2 filter)"); id. at 25 (same); see also Doc. 5707 at 10 (Sealed Lodged) 7 ("Hyde – G2 fracture and migration; complex percutaneous retrieval."). This is clear 8 evidence that both parties made inadvertent mistakes in their representations to the Court 9 concerning Ms. Hyde's filter type during bellwether selection. Neither party knowingly 10 misrepresented her filter type to the Court. Samson, 637 F.3d at 935; Carbajal, 2010 WL 11 892201, at *2. The parties were simply and understandably mistaken.

When Bard subsequently discovered there was a question of fact as to whether Ms. Hyde received an Eclipse or a G2X, Bard immediately notified Plaintiffs in its supplemental discovery responses (Doc. 11921-1), and in its summary judgment briefing (Doc 7359 at 2 n.2). This occurred nearly a year ago in August 2017. Plaintiffs responded to Bard's assertions in their opposition motion. Doc. 7952 at 1 n.1. Plaintiffs do not claim that they had inadequate notice of Bard's position.

Second, Bard did not seek to mislead Plaintiffs or the Court during bellwether
selection with its inadvertent and mistaken representation to gain an "unfair advantage." *Samson*, 637 F.3d at 935. Indeed, Bard's focus in its bellwether submission was on
choosing representative cases based principally on filter complications, not filter type.
Bard's representations in its submission make this clear:

- 23
- 24 25

Ms. Hyde had a G2X implanted on 2/25/2011. <u>Ms. Hyde's</u> case is representative as it involves a filter fracture (25% of the pool) and also involves multiple complications in a single case including tilt, perforation, a filter strut to the heart, and a complex filter retrieval.

Doc. 5652 at 6 (emphasis added). Bard's representations concerning the other proposed
bellwethers are also illustrative. *See, e.g., id.* at 7 ("Mr. King had a G2 placed.... The
case is representative of cases in which the allegation is that the filter tilted, perforated,

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and cannot be retrieved."); see also id. at 7-8.3 1

Third, Bard can see no "unfair advantage" that may be derived in this case if the 2 3 jury is permitted to resolve this pure question of fact. Samson, 637 F.3d at 935; Carbajal, 4 2010 WL 892201, at *2. As Bard stated in its bellwether submission, "the G2 group of 5 filters and Eclipse filters are virtually identical in configuration, the difference being that 6 the Eclipse was electropolished." Doc. 5652 at 5. Bard maintains that the Eclipse is an 7 improvement upon Bard's G2-line of filters. Plaintiffs throughout this litigation have 8 consistently asserted to the contrary that the Eclipse is no different than a G2X. See, e.g., 9 Doc. 10707 at 2-3 ("The fundamental flaw in Bard's argument is its suggestion that the 10 Eclipse is a different device than the G2; it is not.... Plaintiff's experts confirm the same 11 thing."). Plaintiffs should not now be heard that they will be prejudiced by the presentation of evidence involving the Eclipse to the jury. This Court has already admitted 12 evidence of the Recovery[®] Filter's complications, testing, and design in the *Jones* 13 14 (Eclipse) bellwether trial, over Bard's objection. Doc. 10819. Therefore, Bard will gain no 15 "unfair advantage" from the jury's resolution of Ms. Hyde's filter type, and Bard should 16 not be estopped because of its inadvertent representation in its bellwether submission.

17 *Finally*, Plaintiffs' other claim that Bard should be estopped because counsel for 18 Bard "affirmatively stated" during its questioning of Dr. Henry that "we [Defendants] can 19 establish it was a G2X," is disingenuous and without merit. Defendants' Exhibit 4 at 92:6 20 to 93:7. First, an attorney's statement at deposition is not evidence. Second, counsel for 21 Bard was not making an affirmative statement to anyone, and certainly did not make a 22 representation to gain an advantage. Third, this line is taken out of context, as counsel for 23 Bard was clearly indicating that there was no need to further question Dr. Henry about the 24 filter type, see id., because he had no independent recollection of the encounter, and was 25 otherwise "not sure" whether Ms. Hyde received a G2 or a G2X. Id. at 11:22-24; 12:5-12.

³ This is further evidenced by Bard's opposition to Plaintiffs' proposed selections which Bard believed to be "disproportionately weighted toward the most serious types of injuries, including open surgeries, fractures of a strut to the heart, and fractures in 27 28 general." Doc. 5652 at 10; see also id. at 10-15.

1	VII. Conclusion.	
2	For these reasons, it is Bard's position that this evidence should be presented to the	
3	jury to resolve the pure question of fact concerning Ms. Hyde's filter type.	
4	Plaintiffs' Position	
5	This case was submitted by both parties as a G2X case for consideration in the first	
6	round of the MDL bellwether process. In fact, both Plaintiffs and Defendants agreed the	
7	Hyde case should be included in the first bellwether pool of six cases set for trial.	
8	Discovery in the Hyde case was based upon the Bard G2X Filter being the subject device.	
9	As such, Plaintiffs are prepared to try a G2X case, not an Eclipse case.	
10	Plaintiffs would not have stipulated with Defendants to include this case in the first	
11	bellwether pool for trial had both sides not agreed at the time that it was a G2X case.	
12	Trying three Eclipse cases in the first six MDL bellwethers would be deleterious to the	
13	purpose of the bellwether process. ⁴	
14	It is Plaintiffs' position that Defendants should be estopped from now claiming the	
15	product in question is an Eclipse, or anything other than a G2X, considering the following	
16	facts and circumstances: ⁵	
17	1. The Hyde case is a defense pick. Defendants stated the following in their bellwether	
18	submission:	
19	Ms. Hyde had a G2X implanted on 2/25/2011. Ms. Hyde's	
20	case is representative as it involves a filter fracture (25% of the pool) and also involves multiple complications in a single	
21	case including tilt, perforation, a filter strut to the heart, and a complex filter retrieval. Ms. Hyde claims that her filter	
22	fracture caused her to experience back and abdominal pain. As such, the case gives the parties the opportunity to test their	
23	⁴ Again, Plaintiffs would have objected, as the Defendants have objected to trying even	
24	one Recovery case in the first six despite the fact that it is relevant in all subsequent cases and was on the market two times longer than the Eclipse. Moreover, the values in	
25	settlement and potential jury verdicts, the parties agree, could make up 50% or more of the global settlement number of the entire litigation.	
26	⁵ Considering the fact that the Eclipse filter was superseded by the next generation of Bard	
27 28	filters, the Meridian, within approximately a year and a half of clearance of the Eclipse, Defendants can agree another product would have been more appropriate and representative of the filed cases. <i>See</i> Eclipse and Meridian Clearance Letters, attached as <u>Plaintiffs' Exhibit 1</u> .	
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1	arguments as to these numerous complications, including any interrelationship between the complication modes.
2	* * *
3	Bard recommends that the Hyde case be second in order for
4	trial. That case involves a G2X with fracture, with a strut embolizing to the heart. It also involves complications of tilt,
5	perforation, and a complex percutaneous retrieval of the filter and strut by a medical doctor at Stanford University. ⁶
6	2. The Defendants' Fact Sheet contains numerous references to Mrs. Hyde's filter being
7	a G2:
8	a. <u>Complaint Detail Record Report:</u> " Product Name: G2 Filter ; Product Catalog No: RF320J." <i>See</i> DFS_HydeL_CV-16-00893-000004.
9	b. <u>Investigation Level II</u> conducted for "(Parent) Product Catalog No.: RF320J;
10	(Parent) Product Name: G2 Filter." See DFS_HydeL_CV-16-00893-000010-11.
11 12	c. <u>Complaint Trend Analysis</u> was conducted for " Product Name: G2 Filter ." See DFS_HydeL_CV-16-00893-000015-18.
13	d. <u>MedWatch Submission</u> was for "1. Brand Name: G2 Filter System – Jugular." See DFS_HydeL_CV-16-00893-000023. ⁷
14	Juguar. See DF5_HydeL_C v-10-00895-000025.
15	3. The interventional radiologist David A. Henry, M.D. who implanted the Bard filter
16	noted in his record:
17 18	Venipuncture was performed and progressive venous dilation of the tract was performed followed by placement of a <u>Bard</u> <u>G2</u> retrievable sheath device in the right iliac vein. ⁸
19	4. Defense counsel affirmatively stated during the deposition of David A. Henry, M.D.
20	that she need not continue questioning Dr. Henry about the identity of the product
21	because "we [Defendants] can establish it was a G2X.":
22	Q. Now, to clarify, Mrs. Hyde was implanted by you with a
23	G2X filter; correct?
24	A. I believe so. I may not have even mentioned the brand in
25	⁶ See Defendants' Submission Regarding Selection of Cases for Bellwether Group dated April 24, 2017, p. 6 and p. 9 (Doc. 5652), attached as <u>Plaintiffs' Exhibit 2</u> .
26	⁷ See Defendants' Fact Sheet documents, attached as <u>Plaintiffs' Exhibit 3</u> .
27 28	⁸ See WFH-Franklin Interventional Radiology report, signed by Debra Wiedmeyer, M.D. on behalf of David A. Henry, M.D. dated February 23, 2011, HYDE_WFHF_MDR00172-73, attached as <u>Plaintiffs' Exhibit 4</u> .
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1	my report.
2	MR. LEIB: I'm not going to be having him answer any
3	questions, it's privileged. He'd be having to use his expert opinion as to whether MS. DALY: That's fair enough.
4	MR. LEIB: Yeah.
5 6	MS. DALY: That's fair enough. <u>We can establish it was a</u> G2X. I don't need to trouble him with that. ⁹
7	5. Bard's sales representative, Matt Fermanich, who was designated by Defendants for a
8	deposition in the Hyde case, testified:
9	
10	a. The hospital was using G2X Filters at time of Plaintiff's implantation procedure. ¹⁰
11	b. He does not know if he ever had a discussion with hospital personnel before Feb. 17, 2011 that Bard planned to discontinue the G2 product line and about the bagnital eventually guitabing to Folinge II. His testimony was
12	about the hospital eventually switching to Eclipse. ¹¹ His testimony was based upon an e-mail to him from Mary Christine Starr of WFHC-Franklin, dated February 17, 2011, where she advised Matt Fermanich that as of
13	February 17, 2011 the hospital still had G2 Filters in stock.
14 15	c. The G2 was still being sold and distributed in the sales region as late as March 8, 2011. After both the Eclipse <i>and</i> Meridian filters had launched. ¹²
16 17	d. Bard was still in the process of transitioning customers from the G2 and to Meridian as late as December 13, 2011, again implying use of the G2 filters long after both the Eclipse <i>and</i> Meridian filters had launched. ¹³
18	6. Bard regional sales manager Tim Hug testified, based on the same e-mail mentioned
19	above from Mary Christine Starr dated February 17, 2011, that the G2 filter was
20	stocked and available at the hospital where Plaintiff was implanted. The hospital, per
21	directions given by sales representatives, was told to utilize the G2 filters in stock
22 23	9 See Deposition of David Henry, M.D. dated April 6, 2017 at 92:6 – 93:7, attached as Plaintiffs' Exhibit 5.
24	¹⁰ See Deposition of Matthew P. Fermanich dated March 27, 2017 at 202:17-22, attached as Plaintiffs' Exhibit 6.
25	¹¹ See Deposition of Matthew P. Fermanich dated March 27, 2017 at 201:16 – 204:5, attached as Plaintiffs' Exhibit 7.
26	¹² See Deposition of Matthew P. Fermanich dated March 27, 2017 at 215:20-218:5 and
27	Exhibit 25 to the Deposition of Matthew P. Fermanich, attached as <u>Plaintiffs' Exhibit 8</u> . ¹³ See Deposition of Matthew P. Fermanich dated March 27, 2017 at 218:6-221:9 and
28	Exhibit 26 to the Deposition of Matthew P. Fermanich, attached as <u>Plaintiffs' Exhibit 9</u> .
	- 13 -

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1	before ordering Eclipse. ¹⁴
2	7. After completion of Mrs. Hyde's filter retrieval procedure on August 25, 2014 at
3	Stanford Hospital, William T. Kuo, M.D., transcribed the following in his records as
4	his "impressions":
5	a. "1. Successful retrieval of a fractured G2X IVC filter."
6	b. "Spot radiograph of the IVC demonstrates a Bard G2X filter."
7	8. At his deposition on March 23, 2017, William T. Kuo, M.D. testified that his
8	experience with the device allowed him to identify it as a G2X filter. ¹⁵
9	9. Mrs. Hyde testified that Dr. Kuo told her the filter was a G2/G2X before her explant
10	surgery on August 25, 2014. ¹⁶
11	10. The shipping records Defendants cite are inconclusive. The records indicate that an
12	Eclipse Jugular was shipped via 2-day shipping on February 23, 2011. There is no
13	reference on the record or within e-mails to indicate the reason the filter was sent.
14	Mrs. Hyde's filter was implanted 2 days later, with the procedure starting sometime
15	shortly after 11:00 a.m. and ending around 2:00 p.m. ¹⁷
16	It very unlikely the Eclipse Juglar would have been delivered, checked into the
17	hospital's inventory, routed to the correct department, delivered to the doctors, and
18	prepared for implant in time to be placed in Mrs. Hyde. Even if the Eclipse Jugular did
19	arrive in time, as noted above, Wheaton Hospital had been told by Bard's sales
20	representatives to use all stock G2/G2X filters and it is known that Wheaton Hospital had
21	G2X filters in stock on February 17, 2011. As the shipping records point out, Eclipse
22	
23	¹⁴ See Deposition of Tim Hug dated August 23, 2017 at 197:15 – 200:3, attached as <u>Plaintiffs' Exhibit 10</u> .
24	¹⁵ See Stanford Hospital records, complex IVC filter retrieval dated August 26, 2015, HYDEL_SHC_MDR00054-56, attached as <u>Plaintiffs' Exhibit 11</u> . Deposition of William
25	T. Kuo, M.D. dated March 23, 2017 at $23:12 - 26:5$ and $28:17 - 24$, attached as <u>Plaintiffs'</u> Exhibit 12.
26	¹⁶ See Deposition of Lisa Hyde dated January 25, 2017 at 39:10-40:1, attached as
27	Plaintiffs' Exhibit 13. ¹⁷ See Wheaton Franciscan Hospital Records, HYDEL_WFHF_MDR00137-139, attached
28	as <u>Plaintiffs' Exhibit 14</u> .

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Femoral filters had been ordered by the hospital as early as November 2010, 4 months before Mrs. Hyde's implant procedure. The fact that Wheaton ordered Eclipse filters on February 22, 2011 does not infer the hospital used its entire stock of G2 filters; as noted above, it is clear, Mr. Fermanich was pushing Wheaton to <u>order</u> Eclipse filters to eventually make the switch from G2/G2X.

Importantly, inconclusive shipping records should not be given more weight than
Plaintiff's implanting physician's, Dr. Henry, own notes in official hospital records which
he verified at his deposition. If the filter was an Eclipse, the medical records transcribed
by Dr. Henry would have indicated it. Dr. Henry had the experience and knowledge to tell
the difference and to accurately reflect the correct device in his records.

Therefore, Plaintiffs request the Court estop Defendants from now claiming the
product in question is an Eclipse and make a determination as to the identity of the Bard
product implanted in Mrs. Hyde.

14 **RESPECTFULLY SUBMITTED** this 10th day of August, 2018.

15 GALLAGHER & KENNEDY, P.A.

NELSON MULLINS RILEY & SCARBOROUGH, LLP

17	By: <u>/s/ Mark O'Connor (with permission)</u> Mark S. O'Connor (011029)	By: <u>/s/ Richard B. North, Jr.</u> Richard B. North, Jr. (<i>pro hac vice</i>)
18	2575 East Camelback Road Phoenix, AZ 85016-9225	Georgia Bar No. 545599 Matthew B. Lerner (<i>pro hac vice</i>)
19		Georgia Bar No. 446986
20	Ramon Rossi Lopez (admitted <i>pro hac vice</i>) CA Bar No. 86361	Atlantic Station 201 17th Street, NW / Suite 1700 Atlanta, GA 30363
21	LOPEZ MCHUGH LLP	PH: (404) 322-6000
22	Phoenix, AZ 85016-9225 100 Bayview Circle, Suite 5600 Newport Beach, CA 92660	FX: (404) 322-6050 richard.north@nelsonmullins.com matthew.lerner@nelsonmullins.com
23	•	
24	Co-Lead/Liaison Counsel for Plaintiffs	
25	//	
26	//	
27	//	
	1	

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	Case 2:15-md-02641-DGC	Document 12096	Filed 08/10/18	Page 16 of 17
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	Case 2:15-md-02641-DGC Document 12096 Filed 08/10/18 Page 17 of 17
1	CERTIFICATE OF SERVICE
2 3	I hereby certify that on this 10 th day of August 2018, the foregoing was electronically filed with the Clerk of Court using the CM/ECF system which will
3 4	automatically send e-mail notification of such filing to all attorneys of record.
4 5	automatically send e-mail notification of such ming to an automeys of record.
6	<u>s/Richard B. North, Jr.</u> Richard B. North, Jr.
7	Kichaid D. Norui, Ji.
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Defendants' Exhibit 6

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M	ess	ag	e
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Niessage	
From:	Starr, Mary Christine [Mary.Starr@wfhc.org]
Sent:	2/17/2011 3:30:18 PM
To:	Fermanich, Matt [/O=BARD/OU=MHL-E2K3 AG/cn=Recipients/cn=MFermanich]
Subject:	RE: Technician Registration

Thanks Matt. We still have a G2 in stock. Are those still being used? If I can't get in this workshop I can do the next no biggy. I know that the cath lab cant send anyone this round either.

Mary Starr R.T. (R), V.I.

Interventional Radiology Coordinator

WFHC-Franklin

414-325-4980

Mary.C.Starr@wfhc.org

From: Fermanich, Matt [mailto:Matt.Fermanich@crbard.com] Sent: Wednesday, February 16, 2011 7:17 PM To: Starr, Mary Christine Subject: RE: Technician Registration

Mary you want the Eclipse...here are the product codes

- 1. Jugular EC500J
- 2. Femoral EC500F
- 3. Retrieval Cone FBRC

I submitted your registration. I soon as I hear back I will let you know. If this class is full we'll get you in the next one if the dates work on your end.



Thanks Mary and let me know if you need anything else

-Matt 🕲

From: Starr, Mary Christine [mailto:Mary.Starr@wfhc.org] Sent: Wednesday, February 16, 2011 3:41 PM To: Fermanich, Matt Subject: RE: Technician Registration

Matt I filled out the first half of the form the second half you fill out? Also I need to order some filters is it the Eclipes or the G2?

Mary Starr R.T. (R), V.I.

Interventional Radiology Coordinator

WFHC-Franklin

414-325-4980

Mary.C.Starr@wfhc.org

From: Fermanich, Matt [mailto:Matt.Fermanich@crbard.com] Sent: Wednesday, February 16, 2011 3:57 PM To: Starr, Mary Christine Subject: Technician Registration

Mary...here is the form I need completed ASAP to forward along for approval.

Please let me know if you have any questions at all.

Thanks and I will talk to you soon

-Matt

Matt Fermanich

Territory Manager - Milwaukee

Bard PV

Phone: 414.736.3191

Fax: 262.354.0007

Email: Matt.Fermanich@crbard.com

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Defendants' Exhibit 7

Daskotispydologo Csuborement 2000 2thered 08/10/18 eRageal Pty Review 1 UNITED STATES DISTRICT COURT 2 DISTRICT OF ARIZONA 3 4 5 In Re Bard IVC Filters Products 6 Liability Litigation No. MD-15-02641-PHX-DGC 7 8 9 10 Do Not Disclose 11 Subject to Further Confidentiality Review 12 VIDEOTAPED DEPOSITION OF 13 TIM HUG 14 15 AUGUST 23, 2017 16 10:00 a.m. 17 18 2575 East Camelback Road, 11th Floor 19 Phoenix, Arizona 20 21 22 SOMMER E. GREENE, CSR, RPR, CR No. 50622 23 24 25

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1	can't call medical affairs to get the answer. It's a
2	physician/medical affairs connection there.
3	Q. Do you recall in this particular instance,
4	do you remember if Mr. Fermanich got back to this
5	physician?
6	A. I would be angry if Matt did not. I don't
7	know, though.
8	Q. And what would you have expected him or if
9	you recall, tell me what he provided to the physician.
10	A. I don't know, but I would expect Matt to say,
11	At the end of the day, we don't know the answer to that,
12	but I would encourage you to reach out on this phone
13	number, and perhaps they can do some additional research
14	to find the answer to that.
15	Q. Okay. This is one I want to show you.
16	(Exhibit 1115 was marked for
17	identification.)
18	Q. BY MR. LOPEZ: This is Exhibit 1115. All
19	right. Okay. Just go to the second page real quick.
20	A. Okay.
21	Q. This is an e-mail between Mary Starr and Matt
22	Fermanich, and you know who Mary Starr is?
23	A. Yeah. I'm not sure what her role was at this
24	time, but I do know Mary Starr.
25	Q. Okay. Actually it looks like she says

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1	A. Oh, there it is.
2	Q interventional radiology coordinator?
3	A. Yeah. So I knew her when she worked in the
4	cath lab at saint Francis, another Wheaton facility. So
5	that's how I knew her.
6	Q. She writes just on the second page at the top,
7	"Matt, I filled out the first half of the form. The
8	second half you fill out"
9	A. Yes.
10	Q "question" I don't know if I read that
11	right.
12	A. Right.
13	Q. "Also I need to order some filters. Is it the
14	Eclipse or the G2," she's asking, and let's keep in mind
15	the date here.
16	A. Okay.
17	Q. This is February 16, 2011.
18	A. Okay.
19	Q. And she needs more filters, or the group does,
20	and then Matt responds. You can go to the first page.
21	A. Yep.
22	Q. "Mary, you want the Eclipse. Here are the
23	product codes." Okay. And then he provides them.
24	A. Yes.
25	Q. And this was in this comported to the

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instructions or the -- you know, the company directive 1 2 that he's aware of. 3 Α. Uh-huh. 4 0. That's a yes? 5 Α. It is correct, yes. Sorry. Sorry, it's annoying, but you've got to give 6 Q. audible responses. 7 8 Α. Yes. And Mary responds and says, "Thanks, Matt. 9 0. We 10 still have a G2 in stock. Are those still being used?" And at least at this time, it's fair to say that this 11 12 hospital is using the G2. Right? 13 I think that would be fair that it sounds like Α. 14 they have some in stock, yes. 15 Q. And do you know what Matt replied? 16 Α. I don't. I can't recall that. 17 Okay. Yeah, I don't have it --Q. 18 I could make an assumption on that, but, yes. Α. 19 What would you expect Matt to have responded? Ο. 20 MR. LERNER: Objection to form. 21 THE WITNESS: I would assume that Matt would 22 probably tell her that the G2 -- to go ahead and utilize 23 the G2 and that when she does her reorders to order the 24 Eclipse. Right? 25 I mean, that's -- that's the direction that

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1	we have, and that's the communication that we have, and I
2	would assume that that Matt could carry that out, but
3	I can't say that with certainty obviously.
4	Q. BY MR. LOPEZ: Okay. You can put that one
5	aside.
6	A. Okay.
7	Q. All right. This is Exhibit 1116.
8	(Exhibit 1116 was marked for
9	identification.)
10	Q. BY MR. LOPEZ: And let's try to go through this
11	one a little more quickly than it might look like we're
12	going to.
13	A. Okay.
14	Q. I know it's a big one, but go to page 18,
15	please.
16	A. Okay.
17	Q. And you'll see it's a chart at the top. It
18	says, "What is G2 trend relative to RNF?" And do you
19	understand the RNF to be the Recovery filter?
20	A. Yes.
21	Q. Okay. Do you see in the left column, second
22	row, limb detachments, arm/leg hook?
23	A. Yes.
24	Q. And the far right column says, "G2 has less arm
25	and hook complaints than RNF. G2 has more leg complaints

Defendants' Exhibit 9

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CUSTOMER	CITY	STATE	TERR	MONTH	YEAR	GROUP	ITEM	UNITS	SALES
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	January	2010	G2 X FEM	RF400F G2 EXPRESS FEM DELIVER	1	1,250
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	January	2010	G2 X JUGULAR	RF400J G2 EXPRESS JUG/SUB DEL	1	1,250
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	February	2010			-	-
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	March	2010			-	-
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	April	2010			-	-
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	Мау	2010			-	-
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	June	2010			-	-
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	July	2010			-	-
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	August	2010			-	-
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	September	2010			-	-
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	October	2010			-	-
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	wi	342	November	2010	ECLISPE FILTER	EC500F ECLIPSE FEMORAL FILTER	2	2,600
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	wi	342	November	2010	ECLISPE FILTER	EC500F ECLIPSE FEMORAL FILTER	2	2,600
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	December	2010	ECLISPE FILTER	EC500F ECLIPSE FEMORAL FILTER	1	1,300
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	January	2011	ECLISPE FILTER	EC500F ECLIPSE FEMORAL FILTER	1	1,250
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	February	2011	ECLISPE FILTER	EC500F ECLIPSE FEMORAL FILTER	1	1,250
WHEATON FRANCISCAN HLTHCARE FRANKLIN, WI [12001637]	FRANKLIN	WI	342	February	2011	ECLISPE FILTER	EC500J ECLIPSE FEMORAL JUGULAR	1	1,250
							Totals	10	12,750

Defendants' Exhibit 10



10101 S 27TH ST FRANKLIN, WI 53132

ATTN ACCTS PAYBALE

MILWAUKEE, WI 53214

PO BOX 14487

WHEATON FRANCISCAN HLTHCARE

WHEATON FRANCISCAN HLTHCARE

SHIP TO:

BILL TO:

INVOICE

SEND INQUIRIES ONLY TO:

Bard Peripheral Vascular Inc 1415 W 3RD ST STE 109 TEMPE, AZ 85281

INVOICE NO.	PURCHASE ORDER NO.					
08550029	K1710424					
SHIP TO	SOLD TO	ACCOUNT				
12001637	12001637	72014				
SALES REP.	A/R REP.	DATE				
34342	11	01/07/10				

REMIT TO: C

C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275

FOR CUSTOMER SERVICE INQUIRIES CALL:

800-321-4254

TERMS: NET 30 - A/R

DATE SHIPPI	D	BILL OF LADING NUME	SER SHIP VIA	SALES ORDER NO.	CTNS.	WEIGHT	FRT. CHARGES
01/07/10		424697536105	BESTWAY	S3664562	1	0	FREIGHT
QTY. SHIP	U/M	CATALOG NUMBER	DESCRIPTION	UNIT SALE PRIC	CE	A	MOUNT
		SHIPPING PLEAS 2ND DAY!!	E USE THE CUSTOMERS ACCT F	EDEX/476590167	TO S	HIP THEI	R ITEMS
1	EA	RF400F	G2 EXPRESS FEM DELIVERY KIT 1/EACH	1,250.00			1,250.00
		RF400F					
1	EA	RF400J	G2 EXPRESS JUG/SUB DEL KIT 1/EACH	1,250.00			1,250.00
		RF400J					
The abov	re c	harges may not 1	eflect the true net cost fo	r the above pr	oduct	s as othe	er
discoun	s,	rebates or reduc	tions in price (collectivel	Y 'discounts')	may	be provid	led to
			When the value of any sud				

1001.952(h) to fully and accurately report any discounts earned to any federal or health care programs, including Medicare and Medicaid.	r state
customer for such products when the value of any such further discounts become K Bard will provide customer with further documentation relative to the same. Custo reminded of its obligation under 42 U.S.C. sec. 320aFb/br 3 (A and the 'safe ha regulations regarding discounts or other reductions in price set for at 42 C.F.R.	Known, omer is arbor' sec.



10101 S 27TH ST FRANKLIN, WI 53132

ATTN ACCTS PAYBALE

MILWAUKEE, WI 53214

PO BOX 14487

SHIP TO:

BILL TO:

INVOICE

SEND INQUIRIES ONLY TO:

Bard Peripheral Vascular Inc 1415 W 3RD ST STE 109 TEMPE, AZ 85281

INVOICE NO.	PURCHASE ORDER NO.				
08813587	K1892443				
SHIP TO	SOLD TO	ACCOUNT			
12001637	12001637	72014			
SALES REP.	A/R REP.	DATE			
34342	11	11/29/10			

REMIT TO: C

C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275

FOR CUSTOMER SERVICE INQUIRIES CALL:

800-321-4254

WHEATON FRANCISCAN HLTHCARE

WHEATON FRANCISCAN HLTHCARE

TERMS: NET 30 - A/R

DATE SHIPPE	D	BILL OF LADING NUME	BER	SHIP VIA	S	ALES ORDER NO.	CTNS	. WEIGHT	FRT. CHARGES
11/29/10		462534285793		FX1PPD		S3915492	1	4	FREIGHT
QTY. SHIP	U/M	CATALOG NUMBER		DESCRIPTION		UNIT SALE PRIC	CE	A	MOUNT
2	EA	2ND DAY!! (ACTIVE 08-24-	09) arges ECLI	THE CUSTOMERS ACCT F do not apply to this PSE FEMORAL FILTER				HIP THEIF	2,600.00
discount custome Bard wi reminded regulat 1001.95	s, fo l p of ons (h)	ebates or reduct such products rovide customer its obligation regarding disco to fully and a	tions Whe with under unts cours	t the true net cost fo in price (collectivel n the value of any suc further documentation 42 U.S.C. sec. 1320a- or other reductions in tely report any discon Medicare and Ned caid.	y 'o rela 7b(l pr: nts	discounts') arther disc ative to th b)(3)(A) an c set for	may counts de sar d the	be provid become F e. Custo 'safe ha 2 C.F.R.	led to mown, omer is orbor' sec.
		h.				INVOI TOTA	CE L		2,600.00



10101 S 27TH ST

PO BOX 14487

FRANKLIN, WI 53132

SHIP TO:

INVOICE

SEND INQUIRIES ONLY TO:

Bard Peripheral Vascular Inc 1415 W 3RD ST STE 109 TEMPE, AZ 85281

INVOICE NO. PURCHASE ORDER NO. 08814398 K1892801 ACCOUNT SHIP TO SOLD TO 12001637 12001637 72014 SALES REP. A/R REP. DATE 34342 11/30/10 11

REMIT TO: C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275

BILL TO: WHEATON FRANCISCAN HLTHCARE ATTN ACCTS PAYBALE

MILWAUKEE, WI 53214

WHEATON FRANCISCAN HLTHCARE

FOR CUSTOMER SERVICE INQUIRIES CALL:

800-321-4254	
--------------	--

TERMS:

NET 30 - A/R

DATE SHIPPE	D	BILL OF LADING NUMP	ER	SHIP VIA		SALES ORDER NO.	CTNS.	WEIGHT	FRT. CHARGES
11/30/10		462534290830		FX1PPD		S3916218	1	4	FREIGHT
QTY. SHIP	U/M	CATALOG NUMBER		DESCRIPTION		UNIT SALE PRI	CE	A	MOUNT
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10101 S 27TH ST FRANKLIN, WI 53132

ATTN ACCTS PAYBALE

MILWAUKEE, WI 53214

PO BOX 14487

WHEATON FRANCISCAN HLTHCARE

WHEATON FRANCISCAN HLTHCARE

SHIP TO:

BILL TO:

INVOICE

SEND INQUIRIES ONLY TO:

Bard Peripheral Vascular Inc 1415 W 3RD ST STE 109 TEMPE, AZ 85281

INVOICE NO.	PURCHA	PURCHASE ORDER NO.				
08827802	K1900907	K1900907				
SHIP TO	SOLD TO	ACCOUNT				
12001637	12001637	72014				
SALES REP.	A/R REP.	DATE				
34342	11	12/15/10				

REMIT TO:

C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275

FOR CUSTOMER SERVICE INQUIRIES CALL:

800-321-4254

TERMS: NET 30 - A/R

DATE SHIPPED BILL OF LADING NUMBER SHIP VIA SALES ORDER NO. CTNS. WEIGHT FRT. CHARGES 12/15/10 462534386314 FX1PPD S3929077 FREIGHT 1 3 OTY. SHIP U/M CATALOG NUMBER DESCRIPTION UNIT SALE PRICE AMOUNT SHIPPING PLEASE USE THE CUSTOMERS ACCT FEDEX/476590167 TO SHIP THEIR ITEMS 2ND DAY!! (ACTIVE 08-24 09) 1 EA EC500F ECLIPSE FEMORAL FILTER 1,300.00 1,300.00 1/EACH The above charges may not reflect the true net cost for the above products as other discounts, tebates or reductions in price (collectively 'discounts') may be provided to customer for such products When the value of any such further discounts become Known, Bard will provide customer with further documentation relative to the same. Customer is reminded of its obligation under 42 U.S.C. sec. 1320a-7b(b)(3)(A) and the 'safe harbor' regulations regarding discounts or other reductions in price set for at 42 C.F.R. sec. 1001.952 (h) to fully and accurately report any descounts earned to any tederal or state health care programs ding Medica: and Med inc1 INVOICE TOTAL 1,300.00



10101 S 27TH ST FRANKLIN, WI 53132

ATTN ACCTS PAYBALE

MILWAUKEE, WI 53214

PO BOX 14487

WHEATON FRANCISCAN HLTHCARE

WHEATON FRANCISCAN HLTHCARE

SHIP TO:

BILL TO:

INVOICE

SEND INQUIRIES ONLY TO:

Bard Peripheral Vascular Inc 1415 W 3RD ST STE 109 TEMPE, AZ 85281

INVOICE NO.	PURCHASE ORDER NO.					
08847565	K1913720					
SHIP TO	SOLD TO	ACCOUNT				
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SALES REP.	A/R REP.	DATE				
34342	11	01/12/11				

REMIT TO: C.R. P.O.

C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275

FOR CUSTOMER SERVICE INQUIRIES CALL:

800-321-4254

TERMS: NET 30 - A/R

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10101 S 27TH ST FRANKLIN, WI 53132

ATTN ACCTS PAYBALE

MILWAUKEE, WI 53214

PO BOX 14487

SHIP TO:

BILL TO:

INVOICE

SEND INQUIRIES ONLY TO:

Bard Peripheral Vascular Inc 1415 W 3RD ST STE 109 TEMPE, AZ 85281

INVOICE NO.	PURCHASE ORDER NO.							
08886693	K1938221							
SHIP TO	SOLD TO ACCOUNT							
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34342	11	02/23/11						

REMIT TO: C.R. I P.O. I

C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275

FOR CUSTOMER SERVICE INQUIRIES CALL:

WHEATON FRANCISCAN HLTHCARE

WHEATON FRANCISCAN HLTHCARE

800-321-4254

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The above charges may not reflect the true net cost for the above products as other discounts, rebates or reductions in price (collectively 'discounts') may be provided to customer for such products. When the value of any arou further discounts become Known, Bard will provide customer with further documentation relative to the serie. Customer is reminded of its obligation under at ors. C sec. 1300ar b/b/13 (A and the 'safe harbor' regulations regarding also unter of other reductions in price set for at 22 C.F.R. sec. 1001.952 (h) to fully and accurately report any discounts earned to any orderal or state health care programs, including Medicare and Medicaid. NVOICE 2,500.00



10101 S 27TH ST FRANKLIN, WI 53132

ATTN ACCTS PAYBALE

MILWAUKEE, WI 53214

PO BOX 14487

SHIP TO:

BILL TO:

INVOICE

SEND INQUIRIES ONLY TO:

Bard Peripheral Vascular Inc 1415 W 3RD ST STE 109 TEMPE, AZ 85281

INVOICE NO.	PURCHASE ORDER NO.						
08905942	K1950259						
SHIP TO	SOLD TO	ACCOUNT					
12001637	12001637	72014					
SALES REP.	A/R REP.	DATE					
34342	11	03/16/11					

REMIT TO: C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275

FOR CUSTOMER SERVICE INQUIRIES CALL:

WHEATON FRANCISCAN HLTHCARE

WHEATON FRANCISCAN HLTHCARE

800-321-4254

TERMS: NET 30 - A/R

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10101 S 27TH ST

FRANKLIN, WI 53132

ATTN ACCTS PAYBALE

MILWAUKEE, WI 53214

PO BOX 14487

WHEATON FRANCISCAN HLTHCARE

WHEATON FRANCISCAN HLTHCARE

SHIP TO:

BILL TO:

INVOICE

SEND INQUIRIES ONLY TO:

Bard Peripheral Vascular Inc 1415 W 3RD ST STE 109 TEMPE, AZ 85281

INVOICE NO. PURCHASE ORDER NO. 08892156 K1941801 SHIP TO SOLD TO ACCOUNT 12001637 12001637 72014 SALES REP. A/R REP. DATE 34342 11 03/01/11

REMIT TO: C.R. P.O.

C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275

INVOICE TOTAL

FOR CUSTOMER SERVICE INQUIRIES CALL:

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Case 2:15-md-02641-DGC Document 12096-5 Filed 08/10/18 Page 1 of 2

Defendants' Exhibit 11

Case 2:15-md-02641-DGC Document 12096-5 Filed 08/10/18 Page 2 of 2

This is a snapshot of a document produced at BPVEFILTER-28-00402336

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Case 2:15-md-02641-DGC Document 12096-6 Filed 08/10/18 Page 1 of 11

PLAINTIFFS' EXHIBIT 1

Case 2:15-md-02641-DGC Document 12096-6 Filed 08/10/18 Page 2 of 11



TD-01619, Rev. 0 - Page 1 of 7

TD-01619, Rev. 0

TO: DHF 8113

FROM: Joni Creal

DATE: 9/27/2010

SUBJECT: Eclipse Filter Post-Market - Regulatory

Regulatory Filing - Special 510(k) - K093659

US Submission: November 25, 2009 AI Request: December 15, 2009 (Radial Force, Migration Resistance, Tensile) Clearance: January 14, 2010

> 1625 West 3rd Street • P. O. Box 1740 • Tempe, AZ 85280-1740 Tel: 1-800-321-4254 • 1-480-894-9515 • Fax: 1-480-966-7062 • www.bardpv.com

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BPV-17-01-00170349

Case 2:15-md-02641-DGC Document 12096-6 Filed 08/10/18 Page 3 of 11



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TD-01619, Rev. 0 - Page 2 of 7

DEPAR

DEC. 15. 2009 12:28PM

DEPARTMENT OF HEALTH & HUMAN SERVICES

NO. 4402 P. Public Health Service

Food and Drug Administration 10903 New Hampshire Avenue Document Control Room W-066-0609 Silver Spring, MD 20993-0002

P. 1/3

DEC 1 5 2009

Bard Peripheral Vascular, Inc. c/o Ms. Joni Creal Regulatory Affairs Associate 1625 West Third Street Tempe, AZ 85280-1749

Re: K093659

ECLIPSE Filter System – Femoral and Jugular/Subclavian Delivery Kits Dated: November 23, 2009 Received: November 25, 2009

Dear Ms. Creal:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above. We cannot determine if the device is substantially equivalent to a legally marketed predicate device based solely on the information you provided. To complete the review of your submission, we require the following deficiency to be addressed.

You have completed corrosion resistance testing, cyclic fatigue testing, and arm fatigue testing to validate the electropolishing of your filter. However, it does not appear that radial force testing, migration/clot trapping testing, or filter tensile strength testing has been completed on the modified filter. These tests are considered important as electropolishing the legs and arms will affect their strength. Please either complete the tests noted above or provide a justification for why each of these tests is not necessary.

The deficiency identified above represents the issue that we believe needs to be resolved before our review of your 510(k) submission can be successfully completed. In developing the deficiency, we carefully considered the statutory criteria as defined in Section 513(i) of the Federal Food, Drug, and Cosmetic Act (Act) for determining substantial equivalence of your device.

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Case 2:15-md-02641-DGC Document 12096-6 Filed 08/10/18 Page 4 of 11



DEC. 15. 2009 12:28PM

TD-01619, Rev. 0 - Page 3 of 7

NO. 4402 P. 2/3

Page 2 - Ms. Joni Creal

You may not market this device until you have provided adequate information described above and required by 21 CFR 807.87(1), and you have received a letter from FDA allowing you to do so. If you market the device without conforming to these requirements, you will be in violation of the Act. You may, however, distribute this device for investigational purposes to obtain clinical data if needed to establish substantial equivalence. Clinical investigations of this device must be conducted in accordance with the investigational device exemption (IDE) regulations (21 CFR 812).

If the information, or a request for an extension of time, is not received within 30 days, we will consider your premarket notification to be withdrawn and your submission will be deleted from our system. If you submit the requested information after 30 days it will be considered and processed as a new 510(k)(21 CFR 807.87(1)); therefore, all information previously submitted must be resubmitted so that your new 510(k) is complete. For guidance on 510(k) actions, please see our guidance document entitled, "Guidance for Industry and FDA Staff: Interactive Review for Medical Device Submissions: 510(k)s, Original PMAs, PMA Supplements, Original BLAs, and BLA Supplements" at www.fda.gov/cdrb/ode/guidance/1655.html.

If the submitter does submit a written request for an extension, FDA will permit the 510(k) to remain on hold for up to a maximum of 180 days from the date of the additional information request.

The purpose of this document is to assist agency staff and the device industry in understanding how various FDA and industry actions that may be taken on 510(k)s should affect the review clock for purposes of meeting the Medical Device User Fee and Modernization Act. You may review this document at

http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Overview/MedicalDevice UserFeeandModernizationActMDUFMA/default.htm.

The requested information, or a request for an extension of time, should reference your above 510(k) number and should be submitted in duplicate to:

U.S. Food and Drug Administration Center for Devices and Radiological Heath Document Mail Center – WO66-0609 10903 New Hampshire Avenue Silver Spring, MD 20993-0002

1625 West 3rd Street • P. O. Box 1740 • Tempe, AZ 85280-1740 Tel: 1-800-321-4254 • 1-480-894-9515 • Fax: 1-480-966-7062 • www.bardpv.com

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER



DEC. 15. 2009 12:28PM

TD-01619, Rev. 0 - Page 4 of 7

NO. 4402 P. 3/3

Page 3 - Ms. Joni Creal

If you have any questions concerning the contents of the letter, please contact Nelson Anderson at (301) 796-6367. If you need information or assistance concerning the IDE regulations, please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or at (301) 796-7100, or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Kenneth J. Cavanaugh Jr., Ph.D.
Chief, Peripheral Vascular
Devices Branch
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

1625 West 3rd Street • P. O. Box 1740 • Tempe, AZ 85280-1740 Tel: 1-800-321-4254 • 1-480-894-9515 • Fax: 1-480-966-7062 • www.bardpv.com

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BARD VASCULAR

TD-01619, Rev. 0 - Page 5 of 7



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration 10903 New Hampshire Avenue Document Control Room W-066-0609 Silver Spring, MD 20993-0002

JAN 1 4 2010

Bard Peripheral Vascular, Inc. c/o Ms. Joni Creal Regulatory Affairs Associate 1625 West Third Street Tempe, AZ 85280-1749

Re: K093659

Trade/Device Name: ECLIPSE Filter System, Femoral and Jugular/Subclavian Delivery Kits Regulation Number: 21 CFR 870.3375 Regulation Name: Cardiovascular intravascular filter Regulatory Class: Class II (two) Product Code: DTK Dated: December 17, 2009 Received: December 18, 2009

Dear Ms. Creal:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

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TD-01619, Rev. 0 - Page 6 of 7

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <u>http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</u> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

ponner R. butmen

 Bram D. Zuckerman, M.D. Director
 Division of Cardiovascular Devices
 Office of Device Evaluation
 Center for Devices and
 Radiological Health

Enclosure

1625 West 3rd Street • P. O. Box 1740 • Tempe, AZ 85280-1740 Tel: 1-800-321-4254 • 1-480-894-9515 • Fax: 1-480-966-7062 • www.bardpv.com

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Case 2:15-md-02641-DGC Document 12096-6 Filed 08/10/18 Page 8 of 11

BARD VASCULAR

TD-01619, Rev. 0 - Page 7 of 7

page 1 of 1

ECLIPSE™ Filter System Special 510(k) Premarket Notification

Page 6 of 163

Indications for Use

510(k) Number (if known): KO93659

Device Name: ECLIPSE™ Filter System – Femoral and Jugular/Subclavian Delivery Kits

Indications for Use:

The ECLIPSE[™] Filter System – Femoral and Jugular/Subclavian Delivery Kits are indicated for use in the prevention of recurrent pulmonary embolism via permanent placement in the vena cava in the following situations:

- Pulmonary thromboembolism when anticoagulants are contraindicated.
- Failure of anticoagulant therapy for thromboembolic disease.
- Emergency treatment following massive pulmonary embolism where anticipated benefits of conventional therapy are reduced.
- Chronic, recurrent pulmonary embolism where anticoagulant therapy has failed or is contraindicated.
- ECLIPSE™ Filter may be removed according to the instructions supplied under the section labeled: Optional Procedure for Filter Removal.

Prescription Use X (Part21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use____ (21CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

phing R. Kinner

(Division Sign-Off) Division of Cardiovascular Devices

510(k) Number_ K093659

TRADE SECRET/CONFIDENTIAL INFORMATION Notify CR Bard Before Releasing this Document.

BARD

1625 West 3rd Street • P. O. Box 1740 • Tempe, AZ 85280-1740 Tel: 1-800-321-4254 • 1-480-894-9515 • Fax: 1-480-966-7062 • www.bardpv.com AUG. 26. 20 abe 5:49-Mnd-02641-DGC Document 12096-6 Filed 08/10/18 Action of 11 1/3



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration 10903 New Hampshire Avenue Document Control Room --WO66-G609 Silver Spring, MD 20993-0002

Bard Peripheral Vascular, Inc. c/o Ms. Joni Creal Regulatory Affairs Associate 1625 West Third Street Tempe, AZ 85281

AUG 2 4 2011

Re: K102511

Trade Name: MERIDIAN Filter System – Jugular/Subclavian Delivery Kit Regulation Number: 21 CFR 870.3375 Regulation Name: Cardiovascular intravascular filter Regulatory Class: Class II Product Code: DTK Dated: June 27, 2011 Received: June 28, 2011

Dear Ms. Creal:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical Page 2 - Ms. Joni Creal

CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <u>http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</u> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <u>http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm</u>.

Sincerely yours,

-Bram Zuckerman, M.D.

Brain Zuckerman, M.D.
 Director
 Division of Cardiovascular Devices
 Office of Device Evaluation
 Center for Devices and
 Radiological Health

Enclosure

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Traditional 510(k) MERIDIAN™ Filter System – Jugular/Subclavian Delivery Kit

Page 17

Indications for Use

510(k) Number (if known):

Deviće Name: MERIDIAN™ Filter System ~Jugular/Subclavian Delivery Kits

Indications for Use:

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The MERIDIAN™ Filter System –Jugular/Subclavian Delivery Kits are indicated for use in the prevention of recurrent pulmonary embolism via permanent placement in the vena cava in the following situations:

- Pulmonary thromboembolism when anticoagulants are contraindicated.
- Failure of anticoagulant therapy for thromboembolic disease.
- Emergency treatment following massive pulmonary embolism where anticipated benefits of conventional therapy are reduced.
- Chronic, recurrent pulmonary embolism where anticoagulant therapy has failed or is contraindicated.

MERIDIAN™ Filter may be removed according to the instructions supplied under the section labeled: Optional Procedure for Filter Removal.

Prescription Use_X (Pan21 CFR 801 Subpart D) AND/OR

Over-The-Counter Use_____ (21CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

	Concurrence of CDRH, Office of Device Evaluation (ODE)
	(Division Sign-Off) Division of Cardlovascular Devices
X	510(k) Number_ <u>K16254</u>

Bard Peripheral Vascular, Inc.

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PLAINTIFFS' EXHIBIT 2

	Cases & 2.3.5nm & 22464 D B G C D D comment 20992-7 Fife & 0 4/2/4/0/28 P Age & 2 fot 5 3
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14	Attorneys for Defendants C. R. Bard, Inc. and Bard Peripheral Vascular, Inc.
15	IN THE UNITED STATES DISTRICT COURT
16	FOR THE DISTRICT OF ARIZONA
17	IN RE: Bard IVC Filters Products Liability No. 2:15-MD-02641-DGC Litigation,
18	DEFENDANTS' SUBMISSION
19	REGARDING SELECTION OF CASES FOR BELLWETHER GROUP 1
20	Le constance mille Constant Orden No. 11 [Doc. 1772] Dom. M.A.2. and
21	In accordance with Case Management Order No. 11 [Doc. 1662], Para. V.A.2., and
22	No. 20 [Doc. 4335], Defendants (hereinafter "Bard") hereby file their Submission
23	Regarding Selection of Cases for Bellwether Group 1, providing their memorandum in
24	support of their selections, proposed Order of Trials, and memorandum in opposition to
25	certain of Plaintiffs' selections, and show the Court as follows:
26	The overarching goal of the bellwether trial process in MDLs is to allow the parties

The overarching goal of the bellwether trial process in MDLs is to allow the parties to test their claims and defenses and ultimately to evaluate the strengths and weaknesses of their cases, thereby assisting in facilitating global settlement. Manual for Complex

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Litigation (Fourth) § 20.132. However, the likelihood of bellwether trials yielding information useful in furthering these goals depends upon a critical factor; the extent to which bellwether trials fairly represent the cases making up the greater MDL as a whole:

If individual trials, sometimes referred to as bellwether trials or test cases, are to produce reliable information about other mass tort cases, the specific plaintiffs and their claims should be representative of the range of case. Some judges permit the plaintiffs and defendants to choose which cases to try initially, but this technique may skew the information that is produced. To obtain the most representative cases from the available pool, a judge should direct the parties to select test cases randomly or limit the selection to cases that the parties agree are typical of the mix of cases.

10 Manual for Complex Litigation (Fourth) § 22.315.¹

When bellwether cases are not fairly representative of the MDL as a whole, their
trials lose the ability to inform the parties' respective assessments of their cases' strengths
and weaknesses and can actually decrease the likelihood of eventual global settlement,
ultimately resulting in a waste of substantial amounts of money and judicial resources. *See*, Eldon E. Fallon, et al., *The Problem of Multidistrict Litigation: Bellwether Trials in Multidistrict Litigation*, 82 Tul. L. Rev. 2323, 2343-44 (2008). Defendants have concern

17 that such could be the case here, should Plaintiffs' strategy of selecting cases intended to

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¹⁸ Only when a "representative...range of cases" is selected may "individual 19 trials...produce reliable information about other mass tort cases." MCL § 22.315; In re Yasmin & Yaz (Drospirenone) Mktg., Sales Practices & Prods. Liab. Litig., MDL No. 20 2100, 2010 U.S. Dist. LEXIS 108107, at *4, *6-7 (S.D. Ill. Oct. 8, 2010) (finding that it is critical to a successful bellwether plan that an honest representative sampling of cases be 21 achieved because "[1]ittle credibility will be attached to this process, and it will be a waste 22 of everyone's time and resources, if cases are selected which do not accurately reflect the run-of-the-mill case."). See also In re Hydroxycut Mktg. & Sales Practices Litig., No. 09-23 md-2087 BTM (KSC), 2012 U.S. Dist. LEXIS 1118980, at *56 (S.D. Cal. Aug. 21, 2012) 24 ("The bellwether cases should be representative cases that will best produce information regarding value ascertainment for settlement purposes or to answer causation or liability 25 issues common to the universe of plaintiffs."); In re Chevron U.S.A., Inc., 109 F.3d 1016, 1019 (5th Cir. 1997) (finding that "representativeness" is a "core element" that must be 26 present for a bellwether trial to achieve its purpose of value ascertainment for settlement 27 purposes or to answer troubling causation or liability issues common to the universe of claimants). 28

reap the largest judgments possible be permitted to predominate this bellwether selection process.

From the beginning of the bellwether selection process in this case, Bard's approach has been premised on the widely accepted belief that the process loses its utility if the cases in each respective stage of the process are not representative of the overall makeup of the MDL. Moreover, the Court instructed the parties to identify bellwether cases "in a manner consistent with the goal of identifying representative cases." *See* Case Management Order No. 18 [Doc. 3684]. As a result, Bard has expended considerable resources to determine which cases are representative of the pool in this MDL, the trial of which will most likely further the fundamental goals of this process.

In making selections for Discovery Group 1 (from which Bellwether Group 1 cases will be selected), Bard analyzed the MDL pool and sought to select representative cases for that group. Bard then used the time period afforded it by Case Management Order No. 20 [Doc. 4335] to further investigate the cases in Discovery Group 1. The six (6) cases Bard has selected make up a truly representative group of cases that meet the goals of the Court, and all parties, in this case. Bard and Plaintiffs have both selected one case in common -- the *Debra Mulkey* case. Defendants agree that the *Mulkey* case meets the goals of this litigation, but believe that the remaining five (5) cases selected by Plaintiffs do not, either individually or as a group.

To demonstrate which cases are, or are not, representative in this litigation, Bard relies on the data drawn from the 1330 Plaintiff Profile Sheets submitted in the litigation

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through March 29, 2017². Bard has used that data as a guide to select representative cases, and has compared that data to the characteristics of the remaining five bellwether cases selected by the Plaintiffs. In this submission, Bard will summarize that data. Additionally, Bard will provide the Court with overviews on each of its selected cases, including *Mulkey*, demonstrating both the representative nature of each case individually, and the cases as a group. Bard then provides overviews regarding each of the five cases identified by the Plaintiffs and explains why each lacks representativeness.

The MDL Pool Data³ I.

The Plaintiff Profile Forms provide a wealth of detailed information regarding each case. On the Forms, the Plaintiffs specify the model filter they had implanted. They specify each complication (fracture, migration, tilt, perforation, etc.) they are alleging. Importantly, the Plaintiffs are specifically asked whether they have undergone any surgery in an effort to remove the filter. In that regard, they are asked to specify whether the

construed against them.

² In their Submission Re Discovery Group 1 [Doc. 4341], the Defendants provided the 18 Court with the same data for 936 cases with served Plaintiff Profile Forms at that time. The data provided in this submission includes 1330 Plaintiff Profile Forms and data from 19 any supplements provided by the plaintiffs in those cases over time.

²⁰ ³ Bard has carefully reviewed the information provided in, and in some cases attached to, the 1330 Plaintiff Profile Forms submitted in this MDL through March 29, 2017, and 21 believes that its quoted data is accurate. Nevertheless, Bard anticipates that Plaintiffs will 22 argue that the data Bard has cited is somehow not accurate, or is incomplete. However, Bard notes that the data relevant to the parties' and the Court's analysis, for bellwether 23 selections, can only be obtained through review of the information discovered to date through the Plaintiff Profile Forms submitted in this MDL. Case Management Order No. 24 5 [Doc. 365] required that these forms be "substantially complete in all respects", noted 25 that "a completed PPF shall be considered interrogatory answers under Fed. R. Civ. P. 33 ... and will be governed by the standards applicable to written discovery under Federal 26 Rules 26 and 37." Further, Fed. R. Civ. P. 26(e)(i)(A) requires timely supplementation of 27 disclosures to provide new, responsive information. To the extent that any data cited by Bard here is inaccurate, that inaccuracy is a failing on Plaintiffs' part and should be 28

surgery was an open abdominal or open chest procedure. Plaintiffs are also required to disclose whether they have any retained struts from a fractured filter, and if so, where in the body those struts are located.

When tabulated, those profile forms reveal a number of pertinent data points regarding the MDL inventory. For example, the data demonstrates that cases involving the G2 and Eclipse filters exceed the number of cases involving other filters by a substantial margin:

	Total	Percent
SNF	17	1.28%
Recovery	136	10.23%
G2	435	32.71%
G2X	55	4.14%
G2 Express	64	4.81%
Eclipse	286	21.50%
Meridian	177	13.31%
Denali	150	11.28%
Unknown	10	0.75%
	1330	100.00%

Of significance, the G2 group of filters and Eclipse filters are virtually identical in
configuration, the difference being that the Eclipse was electropolished.

The data also demonstrates that fracture and migration – the two complications

emphasized by the plaintiffs – are alleged by only a minority of the plaintiffs:

Complication	Number of Cases	Percentage
Fracture	336	25.26%
Migration	76	5.71%
Other (tilt,	808	60.75%
perforation, non		
retrieval, etc.)		
No Injury	110	8.27%
Total	1330	99.99%

The data also compellingly demonstrates that only a very small number of plaintiffs have undergone an open surgical procedure:

Procedure	Number of Cases	Percentage
Open Chest	28	2.11%
Other Open	51	3.83%
Procedure		
No Open Surgery	1,251	94.06%
Total	1330	100%

II. Bard's Case Selections

Bard's case selections *Hyde, Jones, King, Kruse, Mulkey*, and *Nelson* are representative cases, individually and as a group. Those cases include representative filters (three G2 and three Eclipse filters, which together represent 63% of the pool), representative plaintiffs (plaintiffs with typical medical histories, indications for use, social and employment histories), and representative filter complications (plaintiffs with tilt, perforation, fracture, unsuccessful filter retrieval, retained filter struts, and combinations of such complications). Both parties have selected either G2 group or Eclipse filter cases for Bellwether Group 1, with the exception of Plaintiffs' selection of the *Tinlin* Recovery filter case.⁴ Bard explains in its opposition to the *Tinlin* case why a Recovery filter case should not be included in Bellwether Group 1.

20 Lisa Hyde (G2X)

Ms. Hyde had a G2X implanted on 2/25/2011. Ms. Hyde's case is representative as it involves a filter fracture (25% of the pool) and also involves multiple complications in a single case including tilt, perforation, a filter strut to the heart, and a complex filter retrieval. Ms. Hyde claims that her filter fracture caused her to experience back and abdominal pain. As such, the case gives the parties the opportunity to test their arguments as to these numerous complications, including any interrelationship between the complication modes. This case was one of the cases initially selected by Plaintiffs for Discovery Group 1. The transferor court is USDC Wisconsin, Eastern District.

⁴ Bard notes that neither Plaintiffs nor Bard have selected a Meridian or Denali case for
Bellwether Group 1, which together make up 24% of the MDL pool. See Table, Section I,
p. 5 above.

Doris Jones (Eclipse)

Ms. Jones had a G2 placed on 8/24/2010, following two episodes of DVT and bleeding from a peptic ulcer. She experienced a fracture. Her filter was percutaneously retrieved; one filter strut remains in her right middle lobe pulmonary artery. Plaintiff Jones is representative of the 94% of the pool who did not require subsequent surgery. Plaintiff Jones is further representative of the MDL plaintiffs alleging fracture, which make up approximately 25% of the MDL pool. The transferor court was the USDC Georgia, Southern District.

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Michael King (G2)

Mr. King had a G2 placed on 8/6/2003 following a plane crash which resulted in pulmonary embolus, multiple fractures, and other injuries. He underwent a percutaneous retrieval of the filter on 2/15/2016, which was unsuccessful. The filter remains *in situ*. The case is representative of cases in which the allegation is that the filter tilted, perforated, and cannot be retrieved. The transferor court was the USDC Illinois, Central District. The *King* case presents a unique situation in this selection process, which Bard discusses further in **Section V** below.

Carol Kruse (G2)

Ms. Kruse, who suffered from degenerative joint disease and a history of right knee replacement surgery, developed a DVT, was placed on anticoagulants, and had a G2 filter implanted on 7/08/2009. She underwent a percutaneous retrieval of the filter on 4/07/2011, which was unsuccessful. The filter remains *in situ*. Plaintiff alleges migration, tilt and pain associated with the filter. This case is representative of numerous cases in the MDL pool with tilt, perforation, and/or an unsuccessful retrieval attempt. The transferor court was the USDC Nebraska.

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Debra Mulkey (Eclipse)

Ms. Mulkey had an Eclipse filter placed on 4/11/2012 prior to bariatric surgery, gall bladder surgery, and a liver biopsy. She underwent a percutaneous filter retrieval procedure on 10/4/12, at which time the filter was noted to have perforated and tilted with the tip of the filter abutting the medial wall of the IVC. Despite multiple retrieval attempts, the retrieval procedure was unsuccessful. This case is representative as it involves multiple complications including tilt and non retrieval. The transferor court is the USDC West Virginia, Southern District.

Randy Nelson (Eclipse)

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Mr. Nelson had an Eclipse filter placed on 6/20/2013, several days after sustaining a subdural hematoma in a moped accident. The hematoma prevented him from taking anticoagulants to treat a DVT that developed in his right leg days after the accident. His filter was successfully retrieved, percutaneously, on 10/24/13. At that time, it was observed that the filter was tilted and there was one fractured strut embedded in the IVC wall. The fractured limb could not be dislodged from the IVC wall and was left *in situ*. This case is representative of 25% of MDL pool cases which involve fracture, and it includes the further complications of tilt and a retained filter strut. The transferor court was the USDC South Dakota.

Bard respectfully suggests that its proposed selections of Hyde, Jones, King, Kruse,

10 *Mulkey* and *Nelson* will result in a group of cases most representative of the cases pending

11 in this MDL as a whole.

III. Bard's Proposed Order of Trials for its Bellwether Group 1 Selections

Bard proposes that the cases it has argued for selection into Bellwether Group 1 should be ordered for trial as follows, and for the reasons set forth below: *Mulkey, Hyde, Jones, Kruse, Nelson, King.*

17 Mulkey was the only case selected by both Plaintiffs and Bard for inclusion in the 18 Bellwether Group 1 cases. For that reason alone, selecting Mulkey as the first case tried 19 has merit. *Mulkey* is an Eclipse case. The G2 group of filters plus Eclipse filters make up 20 63% of the MDL pool. See Table, Section I, p. 5 above. The filter was placed for 21 22 prophylactic use, in advance of bariatric surgery. The filter tilted and perforated. Despite 23 retrieval attempts, the filter remains *in situ*. The case therefore provides an opportunity 24 for the parties to present several different complications to the jury for a filter type that is 25 well represented in the MDL Pool. The transferor court is the USDC, West Virginia. 26 27

Nelson Mullins Riley & Scarborough $\frac{20117^{th} \operatorname{Street NW}, \operatorname{Suite 1700}}{\operatorname{Atlante, GA 3056}}$ West Virginia products liability and other law that may be applicable to this case is similar to the law of a majority of the states represented in the MDL pool.

Bard recommends that the *Hyde* case be second in order for trial. That case involves a G2X with fracture, with a strut embolizing to the heart. It also involves complications of tilt, perforation, and a complex percutaneous retrieval of the filter and strut by a medical doctor at Stanford University. The transferor court is the USDC Wisconsin. Wisconsin has not specifically adopted learned intermediary or Comment k, providing the parties the opportunity to try a case applying a minority view of the law. *Hyde* was initially one of Plaintiffs' selections into Discovery Group 1.

Bard then recommends that *Jones* and *Kruse* be tried as Cases No. 3 and 4. *Jones* is another Eclipse case in which the filter was placed due to a history of DVT and while the plaintiff was suffering from bleeding from an ulcer. In *Jones*, the filter has been percutaneously retrieved, but a fracture occurred, and the strut is retained in her pulmonary artery, giving the parties the opportunity to try a case where a fragment of the filter remains *in situ*. *Kruse* is a G2 case placed in a patient with history of DVT and before knee replacement surgery, who had an unsuccessful attempt at retrieval, and her entire filter remains *in situ*.

Bard recommends as Case No. 5, *Nelson*, another Eclipse case placed prophylactically following trauma including a head injury and development of DVT. Plaintiff's filter was percutaneously retrieved, but fractured, and a fractured strut remains in his IVC wall.

Nelson Mullins Riley & Scarborough $201 \ 17^{th} \ Street NW, Suite 1700 \ Atlance, 635 3335 3335 \ Atlance, 6404 33256000 \ Atlance, 6404 33256000 \ Atlance, 6404 33256000 \ Atlance, 6404 \ Attance, 7404 \ Attance, 740$ Finally, Bard recommends as Case No. 6 the *King* case. As explained in Section V. of this Submission, *King* presents an unusual situation which Bard argues can only be remedied by the parties agreeing to a Bellwether Group 1 limited to five cases. Bard has ordered *King* last for the reasons stated in Section V.

Bard respectfully shows the Court that its proposed Order of Trials will allow trial of the most common filter types, and all of the common complications types represented in the MDL pool as a whole.

IV. Bard's Opposition to Plaintiffs Case Selections

With the exception of *Mulkey*, Plaintiffs' selections – *Booker*, *Dewitt*, *Mixson*, *Peterson* and *Tinlin* -- are disproportionately weighted toward the most serious types of injuries, including open surgeries, fractures of a strut to the heart, and fractures in general. The selections also include plaintiffs who have personal histories, unrelated to the IVC filter, making them uniquely sympathetic to a jury. Further, one case, *Tinlin*, involves the Recovery filter, which is at issue in only 10% of the MDL cases. These cases, if accepted, will result in Bellwether Group 1 failing to serve as a group of cases capable of informing the parties' respective assessments of cases strengths and weaknesses which may apply to large groups of other cases pending in the MDL.

20 Sherr Una Booker (G2)

21 Ms. Booker had a G2 filter implanted 6/21/2007, prior to surgery for a cervical mass, due 22 to a history of DVT and PE. In 2013, a fractured strut was seen on imaging. Ms. Booker alleges she was not informed of that finding. In 2016, three fractured struts were identified 23 (one in the heart). Her filter and two of the struts were percutaneously retrieved. During efforts to retrieve the strut in her heart, her tricuspid valve was damaged and her doctors 24 opted to perform open heart surgery to repair that valve and to retrieve the strut in the 25 heart. While Bard cannot confirm if there are any other cases in the MDL pool involving percutaneous retrieval attempts leading to damage requiring open heart surgical repair, if 26 such a case exists it is certainly a small subset of the open heart surgery cases in the MDL pool, which comprise only 2% of the total pool. Therefore selecting Booker into 27 Bellwether Group 1, even without including any of the other open surgery cases selected 28 by Plaintiffs, would place a highly non representative case in the group. The MDL pool

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data shows that open surgeries of any kind make up only 6% of the pool. Including *Booker* with the *Dewitt, Peterson* and *Tinlin* cases selected by Plaintiffs brings to 75% the
percentage of open surgery cases Plaintiffs seek to include in Bellwether Group 1, and
brings to 33% (*Booker/Tinlin*) the percentage of cases involving open chest surgery when
those types of surgery make up but 2% of the MDL pool, making the group Plaintiffs have
selected highly non representative as a whole. The transferor court was the USDC
Georgia, Northern District.

6 Brent Dewitt (G2)

7 Plaintiff had a G2 implanted on 9/5/2009, following a vehicular accident in which he suffered multiple long bone and other fractures. At some point in time, his filter was 8 observed to have tilted, perforated and fractured. Mr. Dewitt's case should not be 9 included in Bellwether Group 1 because, according to his Second Amended Plaintiff Fact Sheet "he is currently coordinating removal of the filter through an open procedure, which 10 will require a prolonged recovery time . . ." See Exhibit A, pp. 12-13. His intent to consult 11 with a surgeon for open filter removal surgery was confirmed in Mr. Dewitt's deposition. See Exhibit B, Dewitt Deposition, pages 212:18 – 213:4. Given Mr. Dewitt's expected 12 surgery, presumably an open abdominal surgery, Bard is currently unable to assess his case fully. It is unknown what the timing of his open procedure will be or what period of 13 time will be necessary for his recovery from that surgery. Accordingly, the selection of 14 Dewitt in the initial bellwether pool is premature. Additionally, Dewitt should not be selected because his alleged injuries are not representative of the majority of plaintiffs in 15 the case pool, given that he experienced multiple fractures, with one strut to the heart. 16 Including *Dewitt* in Bellwether Group 1, even without including any other open surgery case selected by Plaintiffs, would place a highly non representative case in the group. The 17 MDL pool data shows that open surgeries of any kind make up only 6% of the pool. Including Dewitt, along with the Booker, Tinlin, and Peterson cases selected by Plaintiffs, 18 brings to 75% the percentage of open surgery cases Plaintiffs seek to include in 19 Bellwether Group 1, making the entire group highly non representative. The transferor court was the USDC New York, Southern District. 20

21 Joseph Mixson (G2)

22 Mr. Mixson is an Iraq War hero who received a Bard filter when, at age 21 and while on active duty, his military vehicle was struck with an "IED" (improvised explosive device). 23 The door adjacent to Mr. Mixson was blown off, and he was thrown out. He suffered 24 multiple injuries including open head wounds, fractures to limbs and substantial injuries to his legs. He was also wounded by small arms fire. He was airlifted to a base near 25 Baghdad, and received emergency care before being flown to Germany. Both of his legs had to be amputated. Mr. Mixson was then flown to Brooke Army Medical Center in 26 Texas where he received a Bard filter after having flat-lined multiple times and 27 experienced bilateral pulmonary embolism. Mr. Mixson's service to this country has left him wheelchair bound and a double, above-the-knee amputee. Mr. Mixson's presentation, 28

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treatment with a filter, and his subsequent medical course are inextricably bound to, and intertwined with, his war veteran status. These facts inject significant sympathy for the plaintiff into the case, unrelated to any filter issue, which may prejudice Bard and impact the outcome of the case. Given those circumstances, any verdict for the plaintiffs would not be predictive of other plaintiffs' cases. Mr. Mixson's case is not representative of the cases in the MDL and therefore is not a suitable bellwether case. The transferor court was the USDC Florida, Northern District.

6 Debra Mulkey (Eclipse)

Ms. Mulkey is addressed in **Section II** above. Bard agrees her case is representative.

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Justin Peterson (Eclipse)

10 Mr. Peterson's filter was implanted with an Eclipse filter on 6/26/2010 following a leg fracture, and due to his history of bilateral PE and right leg DVT one year beforehand. He 11 had a history of May-Thurner syndrome (compression of the iliac vein) and polycythemia 12 (increased viscosity of the blood), both of which increase the risk for devloping DVT. He experienced perforations leading to open abdominal surgery. In addition, while the parties 13 disagree as to whether the post surgery events relate to the IVC filter, Mr. Peterson experienced unusual medical complications following his surgery, including a hematoma 14 and hernia, making his case non-representative on that basis as well. This case is not 15 representative of the overall MDL pool in that only 6% of cases involve open surgery. Including *Peterson* in Bellwether Group 1, even without including any other open surgery 16 case, would place a highly non-representative case in the group. Including *Peterson* with 17 Plaintiffs' selections of *Booker*, *Dewitt* and *Tinlin* brings to 75% the percentage of cases Plaintiffs seeks to include in Bellwether Group 1 that include open surgeries, making the 18 entire group highly non representative. The transferor court was the USDC Oregon.

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Debra Tinlin (Recovery)

Ms. Tinlin had a Recovery filter implanted on 5/07/2005 which fractured, with struts 21 migrating to the heart, resulting in a pericardial effusion, cardiac tamponade, and open-22 heart surgery. Ms. Tinlin's medical history includes Multiple Sclerosis, Graves disease, Type I diabetes, prothrombin genetic mutation with related deep vein thrombosis and 23 pulmonary embolism, osteoarthritis, short-term memory loss, and other conditions. Ms. Tinlin testified in her February 2017 deposition that she was diagnosed with MS in 2005, 24 at which time she became permanently disabled and wheelchair bound. During her 25 deposition, Ms. Tinlin both appeared to be, and testified that she was, uncomfortable and in pain while sitting for the deposition. Exhibit C, Tinlin deposition at 144:6 – 145:3. Mr. 26 Tinlin's deposition, which took place immediately after Ms. Tinlin's, could not be 27 completed, as Ms. Tinlin was in significant discomfort and needed to be taken home. Ms. Tinlin, who lives in Wisconsin, testified that her physicians recommend she not fly on an 28 airplane, or travel by car for any long distance.

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1 Ms. Tinlin's case is not representative, as the filter type, a Recovery filter, makes up only 10% of the MDL pool of cases. Second, her complications of fractures with struts to the 2 heart and open heart surgery, are very rare complications within the MDL pool (2% of 3 cases involve an open chest surgery), making her case an outlier with respect to the complications involved as well. Including *Tinlin* in Bellwether Group 1, even without 4 including any other open surgery case in that group, would over represent the cases in the MDL pool with these complications. The MDL pool data shows that open surgeries of 5 any kind make up only 6% of the pool. Including Tinlin with the Booker, Dewitt, and 6 Peterson cases selected by Plaintiffs brings to 75% the percentage of open surgery cases Plaintiffs seek to include in Bellwether Group 1, and brings to 33% (Booker/Tinlin) the 7 percentage of cases involving open chest surgery, making the group Plaintiffs have selected highly non representative as a whole. Third, Ms. Tinlin is likely to have some 8 limitations in her ability to participate at trial of the case. Finally, Ms. Tinlin's many 9 medical ailments, which predate the placement of her filter, inject significant sympathy for the plaintiff into the case, unrelated to any filter issue, which may prejudice Bard and 10 impact the outcome of the case, thereby not meeting the goals of bellwether cases. The 11 transferor court was the USDC Wisconsin, Eastern District.

V. The Michael King Case Presents a Unique Issue

Complicating matters in this selection process is the inclusion in Discovery Group 1 of the King case. Bard originally selected the King case for Discovery Group 1. Plaintiffs previously argued against the designation of *King* because its addition "over represented non retrieval cases," and Plaintiffs have indicated they will object to his inclusion in Bellwether Group 1 as well. However, the real reason that King may lack representativeness is the curious manipulation by plaintiffs' counsel of a "treating doctor" What became apparent to Defendants during the Discovery Group 1 in this case. discovery phase – but was known to Plaintiffs counsel in that case before King was ever selected into Discovery Group 1 – is that Plaintiffs' counsel provided King with a "no interest" loan to travel far from his home and his initial filter treater, Dr. Andrew Chiou, to visit a testifying medical expert who had been retained by the plaintiff's attorney. After that retention, the expert attempted, but was unsuccessful in, retrieval of the filter in Mr. King. That retrieval attempt occurred on February 15, 2016. Strangely, the imaging and full procedure report from the attempted retrieval performed by Plaintiffs' counsel's retained expert has disappeared.

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Nelson Mullins Riley & Scarborough

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Bard previously demonstrated that *King* was representative of the pool in filter type and the complications experienced and the case was included in Discovery Group 1 for those reasons. Admittedly, the fact that there may have been odd involvement by an expert witness in *King* now makes the case non-representative in that regard (at least Bard is unaware at this time of other cases in the pool involving a similar situation). However, any "lack of representativeness" in this case is a self-inflicted wound by Plaintiffs. The issue in the case was known to them before the case was ever placed into Discovery Group 1. The elimination of *King* from Discovery Group 1 due to this issue would give Plaintiffs an unfair advantage in the group that remains from which Bellwether Group 1 can be selected. If the Court is inclined to eliminate *King* because of the unusual circumstances, Bard respectfully requests that the Court strike one case (other than the parties' agreed upon case of *Mulkey*) from Plaintiffs other five selected cases, to even the playing field. In that scenario, the Bellwether Group I should be reduced to five cases.

VI. Conclusion

Plaintiffs' selections are not representative, and are clearly aimed toward choosing the most sympathetic cases and cases more likely to produce larger verdicts. However, that is not the purpose of the bellwether process. Other MDL courts have emphatically rejected that strategy.

The judge handling the General Motors Ignition Switch litigation perhaps put it best. In that case, certain plaintiffs' counsel sought to replace the existing leadership after the first bellwether trial went badly. They complained that "it is axiomatic that plaintiffs' counsel always want to try their best case first in an MDL litigation." *See* Plaintiffs' Motion to Remove the Co-Leads and Reconsider the Bellwether Trial Schedule at 1, 10; *In re General Motors LLC Ignition Switch Litig.*, No. 14-MC-2543 (S.D.N.Y. Feb 1, 2016) (Dkt. No. 2179). The MDL court, however, rejected that argument: [I]f by "best," the Cooper Plaintiffs mean "most likely to result in a large plaintiff's verdict," that proposition is by no means "axiomatic." After all, because the primary purpose of bellwether trials is to provide data points for settlement discussions with respect to the universe of cases, the goal is to select the "best" representatives of the universe of cases, not outliers likely to result in victory for one side or the other. To that end, the Order setting up the bellwether selection process dictated that the bellwether selections be "representative" claims.

8 *In re: General Motors LLC Ignition Switch Litig.*, No. 14-MC-2543 (JMF), 2016 WL 1441804, at *9 (S.D.N.Y. Apr. 12, 2016).

Here, the plaintiffs' selections are "outliers" clearly chosen to generate disproportionately high verdicts. Three of their six cases have had open surgery (with a fourth presently scheduling an open procedure), when only 6% of the entire MDL inventory involves plaintiffs who have endured invasive surgery. Three of their six cases involve a filter strut in the heart. One of their selections is an Iraq war veteran who lost his legs in combat, and another selection suffers from extremely debilitating MS, both guaranteed to present unique sympathy factors.

The trial of those cases will not be enlightening. They will not be representative. The results will not "provide data points for settlement discussions with respect to the universe of cases." To make this process meaningful, the defendants therefore respectfully ask that the Court accept their recommendations for Bellwether Group I, and reject the "outliers" proposed by the plaintiffs.

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1	DATED this 24th day of April, 2017.
2	
3	By: <u>s/Matthew B. Lerner</u> Richard B. North, Jr. (admitted <i>pro hac vice</i>)
4 5	Matthew B. Lerner (admitted <i>pro hac vice</i>)
6	Georgia Bar No. 446986 Nelson Mullins Riley & Scarborough LLP 201 17th Street, NW / Suite 1700
7	Atlanta, GA 30363
8	James R. Condo Amanda C. Sheridan SNELL & WILMER L.L.P.
9	One Arizona Center 400 E. Van Buren, Suite 1900 Phasmin, Arizona, 85004 2202
10 11	Phoenix, Arizona 85004-2202
11	Attorneys for C. R. Bard, Inc. and Bard Peripheral Vascular, Inc.
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EXHIBIT A

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ARIZONA

MDL No. 2641 In Re Bard IVC Filter Products Liability Litigation

SECOND AMENDED PLAINTIFF FACT SHEET

Each plaintiff who allegedly suffered injury as a result of a Bard Inferior Vena Cava Filter must complete the following Plaintiff Fact Sheet ("Plaintiff Fact Sheet"). In completing this Fact Sheet, you are **under oath and must answer every question**. You must provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details as requested, please provide as much information as you can and then state that your answer is incomplete and explain why, as appropriate. If you select an "I Don't Know" answer, please state all that you do know about that subject. If any information you need to complete any part of the Fact Sheet is in the possession of your attorney, please consult with your attorney so that you can fully and accurately respond to the questions set out below. If you are completing the Fact Sheet for someone who cannot complete the Fact Sheet for himself/herself, please answer as completely as you can.

The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order. A completed Fact Sheet shall be considered interrogatory answers pursuant to Fed. R. Civ. P. 33 and responses to requests for production pursuant to Fed. R. Civ. P. 34 and will be governed by the standards applicable to written discovery under Fed. R. Civ. P. 26 through 37. Therefore, you must supplement your responses if you learn that they are incomplete or incorrect in any material respect. The questions and requests for production of documents contained in this Fact Sheet are non-objectionable and shall be answered without objection. This Fact Sheet shall not preclude Bard Defendants from seeking additional documents and information on a reasonable, case-by-case basis, pursuant to the Federal Rules of Civil Procedure and as permitted by the applicable Case Management Order.

In filling out this form, "healthcare provider" shall mean any medical provider, doctor, physician, surgeon, pharmacist, hospital, clinic, medical center, physician's office, infirmary, medical/diagnostic laboratory, or any other facility that provides medical care or advice, along with any pharmacy, x-ray department, radiology department, laboratory, physical therapist/physical therapy department, rehabilitation specialist, chiropractor, or other persons or entities involved in your diagnosis, care and/or treatment.

In filling out this form, the terms "You" or "Your" refer to the person who received a Bard Inferior Vena Cava Filter manufactured and/or distributed by C. R. Bard, Inc. or Bard Peripheral Vascular, Inc. ("Bard Defendants") and who is identified in Question 1(a) below.

To the extent that the form does not provide enough space to complete your responses or answers, please attach additional sheets as necessary, Information provided by Plaintiff will only be used for the purposes related to this litigation and may be disclosed only as permitted under the protective order in this litigation.

1.	Please state:			
	(a)	Full name of the person who received the Bard inferior vena cava filter, including		
		maiden name: Brent Dewitt		
	(b)	List all names by which you have ever been known, if different from that listed in		
		1(a): <u>N/A</u>		
	(c)	Full name of the person completing this form, if different from the person listed in		
		1(a) above, and the relationship of the person completing this form to the person		
		listed in 1(a) above: <u>N/A</u>		
	(d)	The name and address of your primary attorney:		
		Lopez McHugh LLP		
		100 Bayview Circle, Suite 5600		
		Newport Beach, CA 92660		
	(e)	When did you first retain an attorney to represent you in your lawsuit against		
		Bard? In or around December 2010		
2.	Your	Your Social Security Number: 077-60-9197		
3.	Your	Your Date of Birth: October 5, 1971		
4.	Your	Your current residential address: 617 Lybolt Road, Bullville, NY 10915		
5.	If you have lived at this address for less than 10 years, provide each of your prior			
	residential addresses from 2000 to the present:			
	Prior Residential Address		Dates You Lived At This Address	
	89 M&M Road Middletown, NY 10940		In or around October 1995 to July 2008	
6.	Have you ever been married? Yes X No			
	If yes, provide the names and addresses of each spouse and the inclusive dates of your			
	marriage to each person:			
	Providencia Dewitt, 617 Lybolt Road, Bullville, NY 10915, April 2016 to present; and			

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7. Do you have children? Yes_____ No___X

If Yes, please provide the following information with respect to each child:

Full Name of Child	Date of Birth	Home Address	Whether
			Biological/Adopted
N/A	N/A	N/A	N/A

8. Identify the name and age of any person who currently resides with you and their relationship to you:

Providencia Dewitt, 46, wife

9. Identify the name and age of any person who has resided with you at any point over the past ten (10) years:

Providencia Dewitt, 46

10. Identify all secondary and post-secondary schools you attended, starting with high school, and please provide the following information with respect to each:

Name of School	Address	Dates of	Degree	Major or Primary
		Attendance	Awarded	Field of Study
Middletown High School	24 Gardner Ext Ave. Middletown, NY 10940	In or around 1985 to 1989	High School Diploma	N/A
The Art Institute of Philadelphia	1622 Chestnut Street Philadelphia, PA 19103	In or around 1989 to 1991	N/A	Visual Communications

11. Please provide the following information for your employment history over the past 10 years up until the present:

Employer Name	Address	Job	Dates of	Salary/Rate of
		Title/Description	Employment	Pay
		of Duties		
Blue Dog Contracting	PO Box 457	Owner	In or around	\$24,000 per
	Bullville, NY		2005 to present	year
	10915			-

- 12.
 Have you ever served in any branch of the military? Yes_____ No___X

 If Yes, please provide the following information:
 - (a) Branch and dates of service, rank upon discharge, and type of discharge received:
 - (b) Were you discharged from the military at any time for any reason relating to your medical, physical, or psychiatric condition? Yes_____ No____

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Before contacting any attorney regarding this lawsuit or claim, had you ever seen any television or print advertisements regarding possible claims against inferior Vena Cava Filter manufacturers? Yes <u>No X</u>.
If Yes, set forth the approximate date and nature of any such advertisement, whether the advertisement included the name of a law firm, whether the advertisement specifically mentioned C. R. Bard, Inc., Bard Peripheral Vascular, Inc., or "Bard", and other details that you recall.

II. CLAIM INFORMATION

- Have you ever received a Bard Inferior Vena Cava Filter? Yes X No
 If Yes, please check the box(es) for each type of Bard Inferior Vena Cava Filter you have received:
 - □ Recovery®
 - \checkmark G2®
 - \Box G2®X
 - □ G2®Express
 - □ Eclipse®
 - □ Meridian®
 - □ Denali®
 - □ Simon Nitinol
 - □ Other (please identify):_____
- 2. For each Bard Inferior Vena Cava Filter identified above, please provide the following information:
 - (a) The date each Bard Inferior Vena Cava Filter was implanted in you:

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On or about September 5, 2009

- (b) The product code and lot number of each Bard Inferior Vena Cava Filter implanted in you: RF-310F, Lot No. GFTD2015
- (c) Current location of the Bard Inferior Vena Cava Filter, including any portion thereof, if known:
 - <u>The filter body remains implanted, last seen in the inferior vena cava. The two</u> <u>fractured struts that have been removed both reside at Steelgate Inc., 2307 58th</u> <u>Avenue East, Bradenton, FL 34203.</u>
- 3. Describe your understanding of the medical condition for which you received the Bard Inferior Vena Cava Filter(s): <u>Plaintiff's car was hit by a drunk driver and he suffered open left femur and right</u> <u>tibia/fibular fractures, with hip dislocation, and splenic laceration. He would be at</u> increased DVT risk while bedridden.
- Give the name and address of the doctor who implanted the Bard Inferior Vena Cava
 Filter(s): <u>Romeo Mateo, M.D., 19 Bradhurst Avenue Suite 700, Hawthorne, NY 10532</u>
- Give the name and address of the hospital or other healthcare facility where the Bard Inferior Vena Cava Filter was implanted: <u>Westchester Medical Center</u>, 100 Woods Road, Valhalla, NY 10595
- 6. Have you ever been implanted with any other vena cava filters or related product(s) besides the Bard Inferior Vena Cava Filter(s) for the treatment of the same or similar condition(s) identified in your response to question 3 above? Yes <u>No X</u>
 If Yes:
 - (a) Please identify any such device(s) or product(s).
 - (b) When was this device or product implanted in you?
 - (c) Did the implantation take place before, at the same time, or after the procedure during which you were implanted with a Bard Inferior Vena Cava Filter?
 - (d) Who was the physician who implanted this other device or product?
 - (e) At what hospital or facility was this other device or product implanted in you?

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(f) Why was this other device or product implanted in you?

- 7. Other than the Bard Inferior Vena Cava Filter device that is the subject of your lawsuit or identified in response to question 6 above, are you aware of any other Vena Cava Filter(s) implanted inside your body at any time? Yes <u>No X</u>
 If yes, please provide the following information:
 - (a) Product name:_____
 - (b) Date of procedure placing it and name and address of doctor who placed it:

(c) Condition sought to be treated through placement of the device:

(d) Any complications you encountered with the medical product or procedure:

(e) Does that product remain implanted inside of you today? Yes_____ No_____

Prior to implantation with a Bard Inferior Vena Cava Filter, did you receive any written and/or verbal information or instructions regarding the Bard Inferior Vena Cava Filter, including any risks or complications that might be associated with the use of the same?

Yes No X Don't Know

If Yes:

8.

- (a) Provide the date you received the written and/or verbal information or instructions:
- (b) Identify by name and address the person(s) who provided the information and instructions:
- (c) What information or instructions did you receive?
- (d) If you have copies of the written information or instructions you received, please attach copies to your response.

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(e)	Were you told of any potential complic	ations from the i	mplantation of the Barc	l
	Inferior Vena Cava Filter(s)? Yes	No	Don't Know	

- (f) If yes to (e), by whom?
- (g) If yes to (e), what potential complications were described to you?

9. Do you believe that the Bard Inferior Vena Cava Filter(s) remains implanted in you?
 Yes X No Don't Know

If Yes:

(a) Has any doctor recommended removal of the Bard Inferior Vena Cava Filter(s)?

Yes_____ No_____

If Yes:

- (i) Identify by name and address every doctor who recommended removal of the Bard Inferior Vena Cava Filter(s): <u>Romeo Mateo, M.D., 19 Bradhurst</u> <u>Avenue Suite 700, Hawthorne, NY 10532; Frank Lynch, M.D., 500</u> <u>University Drive, Hershey, PA 17033; and David Han, M.D., 500</u> <u>University Drive, Hershey, PA 17033</u>
- (ii) For each doctor identified in response to question 8(a)(i) above, state your understanding of why the doctor recommended removal. When retrieval was first attempted, the filter was only intended as a temporary device and was no longer needed. When it was discovered that the retained filter had fractured and one of the struts had migrated to his heart, it was recommended that he undergo a second procedure in an attempt to retrieve the fractured filter and strut from the heart. When it was discovered that the retained that he undergo a second procedure to retrieve the fractured filter and strut from the heart to the lung, it was recommended that he undergo a third procedure to retrieve the fractured strut had moved from the heart to the lung, it was recommended that he undergo a third procedure to retrieve the fractured strut from the lung. Plaintiff's physicians have now recommended that he undergo an open abdominal procedure to remove the severely tilted, perforating filter.

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- (iii) For each doctor identified in response to question 8(a)(i) above, state when the doctor recommended removal. <u>In or around December 2009</u>, <u>February 2016</u>, January 2017
- 10. Has the Bard Inferior Vena Cava Filter(s) implanted in you been removed, in whole or in part?

Yes X No Don't Know

If Yes:

- (a) Where, when, and by whom was the Bard Inferior Vena Cava Filter(s), or any portion of it, removed? <u>Penn State Milton S. Hershey Medical Center, Frank</u>
 <u>Lynch, M.D., on or about June 17, 2016; and Penn State Milton S. Hershey</u>
 <u>Medical Center, Frank Lynch, M.D., on or about February 21, 2017</u>
- (b) What portion of the Bard Inferior Vena Cava Filter(s) was removed on the date indicated in response to question 9(a) above? <u>Two fragments of the filter were</u> removed.
- © Please check <u>all</u> that apply regarding the removal procedure(s):
 - Removed percutaneously
 - □ Removed via an open abdominal procedure
 - \Box Removed via an open chest procedure
 - □ Other, Describe: _____
 - □ Unknown
- - Explain why you consented to have the Bard Inferior Vena Cava Filter(s), or any portion thereof, removed?
 <u>The filter was only intended as a temporary device and was no longer needed, so retrieval was attempted as planned, at which time it was discovered that the filter had tilted and at least three legs were perforating outside the vena cava. When it
 </u>

was discovered that the device had fractured and a piece had migrated to the right ventricle of his heart, Plaintiff consented to a second procedure, in an attempt to retrieve the embedded filter and the intracardiac strut. When it was discovered that the retained strut migrated from his heart to the lung, Plaintiff consented to a third procedure to retrieve the strut. Plaintiff's physicians have now recommended open abdominal surgery to retrieve the severely tilted, perforating filter.

(f) Does any medical provider, physician, entity, or anyone else acting on your behalf have possession of any portion of the Bard Inferior Vena Cava Filter that was previously implanted in you and subsequently removed?
 Yes X No Don't Know

If Yes, please state the name and address of the person or entity having possession of same. Steelgate Inc., 2307 58th Avenue East, Bradenton, FL 34203.

11. Has any doctor or healthcare provider unsuccessfully attempted to remove the Bard Inferior Vena Cava Filter(s) implanted in you?

Yes X No Don't Know

If Yes:

- How many attempts have been made to remove the Bard Inferior Vena Cava
 Filter(s) implanted in you? <u>Two attempts, both of which were unsuccessful</u>
- (b) Provide the name and address of the doctor who removed (or attempted to remove) the <u>filter strut(s)</u> and the hospital or medical facility at which it was removed (or attempted to be removed).

Filter Attempted Removal #1

Doctor: Romeo Mateo, M.D.

Hospital/Medical Facility: Westchester Medical Center

Date: On or about December 15, 2009

Filter Attempted Removal #2

Doctor: Frank Lynch, M.D.

Hospital/Medical Facility: <u>Penn State Milton S. Hershey Medical Center</u> Date: <u>On or about June 17, 2016</u>

- © Please check <u>all</u> that apply regarding attempted removal procedure #1:
 - Attempted but unsuccessful percutaneous removal procedure

	Attempted but	unsuccessful o	pen abdominal	procedure
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□ Attempted but unsuccessful open chest procedure

□ Other, Describe:

□ Unknown

(d) Please check <u>all</u> that apply regarding attempted removal procedure #2:

Attempted but unsuccessful percutaneous removal procedure

Attempted but unsuccessful open abdominal procedure

- Attempted but unsuccessful open chest procedure
- □ Other, Describe: _____
- □ Unknown
- 12. Do you claim that your Bard Inferior Vena Cava Filter(s) fractured?

Yes X No

If Yes:

- Please state the number of fractured struts retained in your body?
 None.
- Please identify the location(s) within your body of each retained filter strut.

N/A

(iii) Please provide the date or approximate date when you were first informed of each fractured strut.

On or about March 9, 2016

(iv) Has any health care provider recommended to you that a retained filter strut(s) should be removed?

Yes_X___No__

If Yes, provide the name and address of any such healthcare provider, as well as the approximate date on which the communication occurred.

Romeo Mateo, M.D., 19 Bradhurst Avenue Suite 700, Hawthorne, NY 10532, in or around March 2016; and Frank Lynch, M.D., 500 University Drive, Hershey, PA 17033, in or around January 2017

(v) Has any health care provider recommended to you that a retained filter strut should <u>not</u> be removed?

Yes_____ No_X_

If Yes, provide the name and address of any such healthcare provider, as well as the approximate date on which the communication occurred.

(vi) Have any fractured struts been removed, or attempted to have been removed, from your body?

Yes X No

If Yes:

- If any fractured filter strut has been removed (or a doctor has attempted to remove any strut), please check <u>all</u> that apply regarding the removal/attempted removal procedure(s):
 - \square Removed percutaneously
 - \Box Removed via an open abdominal procedure
 - \square Removed via an open chest procedure
 - Attempted but unsuccessful percutaneous removal procedure
 - □ Attempted but unsuccessful open abdominal procedure
 - □ Attempted but unsuccessful open chest procedure
 - □ Other, Describe: _____
 - □ Unknown
- Provide the name and address of the doctor who removed (or attempted to remove) the <u>filter strut(s)</u> and the hospital or medical facility at which it was removed (or attempted to be removed).
 Filter *Strut* Removal/Attempted Removal #1

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Doctor: Frank Lynch, M.D.

Hospital/Medical Facility: Penn State Milton S. Hershey Medical

Center

Date: On or about June 17, 2016

Filter Strut Removal/Attempted Removal #2

Doctor: Frank Lynch, M.D.

Hospital/Medical Facility: <u>Penn State Milton S. Hershey Medical</u> Center

Date: On or about February 21, 2017

 13. Do you claim that you suffered bodily injuries as a result of the implantation of the Bard

 Inferior Vena Cava Filter(s)? Yes_X____ No____

If Yes:

 (a) Describe the bodily injuries, including any emotional or psychological injuries that you claim resulted from the implantation, attempted removal and/or removal of the Bard Inferior Vena Cava Filter(s)?

Plaintiff refers Defendants to his medical records for complete details of the injuries he has suffered stemming from Defendants' IVC filter. Plaintiff's symptoms and injuries include, but are not limited to, emotional and physical pain and suffering. Specifically, Plaintiff returned for planned removal of the filter on December 15, 2009, at which time a venogram demonstrated the filter to have tilted, with three of the filter legs perforating outside the vena cava. The filter could not be removed and the procedure was aborted. In March 2016, Plaintiff developed an increase in blood pressure and it was discovered on March 9, 2016 that the device had fractured and one strut had migrated to his right ventricle, while another strut still resided in the IVC but had incorporated into the IVC wall Retrieval of the filter and strut was attempted again on June 17, 2016, but detailed angiography of the filter apex showed significant perforation of the filter cap, arms, and legs; the surgeon felt that retrieval carried a high risk of caval injury and elected not to proceed. He did attempt to remove the strut in the right ventricle, but it was fully embedded and could not be captured. The fractured strut retained in the IVC was removed at this time. On December 27, 2016, the fractured strut could not be located in the right ventricle on an imaging scan. An x-ray on December 28, 2016 discovered that it had migrated to the right upper lobe of the lung. The fractured strut was successfully removed from his lung on February 21, 2017. Plaintiff continues to have severe anxiety and insomnia while the filter remains implanted and is currently coordinating removal of the filter

through an open abdominal procedure, which will require a prolonged recovery time and cause disfigurement in the form of an extensive abdominal scar. He must also continue to take blood pressure medication, having been diagnosed with hypertension at the time the filter strut was discovered in the heart.

(b) When was the first time you experienced symptoms of any of the bodily injuries you claim in your lawsuit to have resulted from the Bard Inferior Vena Cava Filter(s)?

In or around December 2009

- © When did you first attribute these bodily injuries to the Bard Inferior Vena Cava Filter(s)? On or about December 15, 2009
- (d) To the best of your knowledge and recollection, please state the approximate date when you first saw a health care provider for any of the bodily injuries, or symptoms related thereto, you claim to have experienced related to the Bard Inferior Vena Cava Filter(s)?

On or about December 15, 2009

© To the best of your knowledge and recollection, has any health care provider ever told you orally or in writing that any symptoms related to bodily injury are related to the Bard Inferior Vena Cava Filter(s)?

Yes No<u>X</u>

If Yes, please state the name and address of any such health care provider, as well as providing the approximate date the statement was made, and provide the details of the communication:

(f) Are you currently experiencing symptoms related to your claimed bodily injuries?
 Yes X No

If Yes, please describe your symptoms in detail:

Plaintiff's blood pressure has increased since the fractured strut moved into his right ventricle and he must now take blood pressure medication for the rest of his life. He also has severe anxiety since learning that the device has fractured and the fractured filter and strut could not be retrieved as planned. His anxiety only worsened upon learning that the fractured strut had migrated from his heart to his lung and would require additional intervention. Plaintiff continues to suffer from severe anxiety in anticipation of the open abdominal surgery to remove the filter. (g) Are you currently seeing, or have you ever seen, a doctor or healthcare provider for any of the bodily injuries or symptoms listed above?

Yes__X___ No ____

If Yes, please list all doctors you have seen for treatment of any of the bodily injuries you have listed above.

Provider Name and Address	Condition Treated	Approximate Dates of
		Treatment
Romeo Mateo, M.D.	Attempted retrieval of filter,	In or around December
19 Bradhurst Avenue, Suite 700	with discovery of tilt and	2009 to present
Hawthorne, NY 10532	perforation	
David Spielvogel, M.D.	Evaluation of the fractured strut	In or around March
Westchester Medical Center	in the right ventricle	2016
100 Woods Road		
Valhalla, NY 10595		
Frank Lynch M.D.	Attempted retrieval of filter and	In or around June 2016
500 University Drive	intracardiac strut, with retrieval	and December 2016 to
Hershey, PA 17033	of floating fragment	present
David Han, M.D.	Evaluation of filter, with plans	In or around February
500 University Drive	to attempt removal of the filter	2017 to present
Hershey, PA 17033	through an open abdominal	
	procedure	

h) Were you hospitalized at any time for the bodily injuries you listed above?

Yes<u>X</u> No____

If Yes, please provide the following:

Provider Name and Address	Condition Treated	Approximate Dates of Treatment
Westchester Medical Center 100 Woods Road Valhalla, NY 10595	Failed retrieval of filter, with discovery of tilt and perforation	On or about December 15, 2009
Penn State Milton S. Hershey Medical Center 500 University Drive Hershey, PA 17033	Failed retrieval of filter and intracardiac strut, with retrieval of floating fragment	On or about June 17, 2016
Penn State Milton S. Hershey Medical Center 500 University Drive Hershey, PA 17033	Retrieval of fractured strut from lung	On or about February 21, 2017

14. Are you making a claim for lost wages or lost earning capacity?

Yes____ No___X___

- If yes, state the annual gross income derived from your employment for each year, beginning five (5) years prior to the implantation of the Bard Inferior Vena Cava Filter(s) until the present:
- (b) If yes, for what period of time are you claiming lost wages?____
- © If you are claiming lost earning capacity, do you claim that you have a claim for future lost wages?

Yes____ No____

If yes, for what period of time do you claim you have lost future wages?

- 15. Are you making a claim for lost out-of-pocket expenses? Yes _____ No___X___
 If yes, please identify and itemize all out-of-pocket expenses you have incurred.
- 16. Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)?

Yes ____ No___X___

If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the specific nature of the Consortium Plaintiff's claim. $\underline{N/A}$

17. Please indicate whether the Consortium Plaintiff alleges any of the damages set forth below:

Claims	Yes/No
Loss of services of spouse	N/A
Impaired sexual relations	N/A
Lost wages/lost earning capacity	N/A
Lost out-of-pocket expenses	N/A
Physical injuries	N/A
Psychological injuries/emotional injuries	N/A
Other	

- Please list the name and address of any healthcare providers the Consortium Plaintiff has sought treatment for any physical, emotional, or psychological injuries or symptoms alleged to be related to his/her claim. N/A
- 19. Have you or anyone acting on your behalf had any communication, oral or written, with any of the Bard Defendants and/or their representatives?

Yes No X Don't Know

If yes, set forth: (a) the date of any communication, (b) the method of communication, (c) the name of the person with whom you communicated, and (d) the substance of the communications.

III. MEDICAL BACKGROUND

- 1. Provide your current: Age <u>44</u> Height <u>5'8"</u> Weight <u>185 lbs.</u>
- Provide your: Age <u>37</u> Weight <u>165 lbs.</u> (approximate, if unknown) at the time the Bard Inferior Vena Cava Filter was implanted in you.
- 3. In chronological order, list any and all surgeries, procedures and/or hospitalizations you had in the ten (10) year period BEFORE implantation of the Bard Inferior Vena Cava Filter(s). Identify by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and provide the approximate date(s) for each:

Approximate Date	Description of Surgery or Hospitalization	Doctor or Healthcare Provider Involved (including address)
On or about September 5 to September 22, 2009	Open left femur and right tibia/fibular fractures, hip dislocation, and splenic laceration, with placement of IVC filter	Westchester Medical Center 100 Woods Road Valhalla, NY 10595

[Attach additional sheets as necessary to provide the same information for any and all surgeries and hospitalizations leading up to the implantation of the Bard Inferior Vena Cava Filter.]

4. In chronological order, list any and all surgeries, procedures and/or hospitalizations you had AFTER implantation of the Bard Inferior Vena Cava Filter(s). Identify by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and provide the approximate date(s) for each:

Approximate Date	Description of Surgery or	Doctor or Healthcare Provider
	Hospitalization	Involved (including address)
On or about December	Attempted retrieval of filter,	Romeo Mateo, M.D.
15, 2009	with discovery of tilt and	19 Bradhurst Avenue, Suite 700
	perforation	Hawthorne, NY 10532
On or about June 17,	Attempted retrieval of filter	Frank Lynch, M.D.
2016	and intracardiac strut, with	Penn State Milton S. Hershey
	retrieval of fractured strut	Medical Center
	embedded in IVC wall	500 University Drive
		Hershey, PA 17033

On or about February	Retrieval of fractured strut	Frank Lynch, M.D.
21, 2017	from lung	Penn State Milton S. Hershey
		Medical Center
		500 University Drive
		Hershey, PA 17033

[Attach additional sheets as necessary to provide the same information for any and all surgeries and hospitalizations after the implantation of the Bard Inferior Vena Cava Filter.]

5. To the extent not already provided in the charts above, provide the name, address, and telephone number of every doctor, hospital or other health care provider from which you have received medical advice and/or treatment from ten (10) years before the date the filter was implanted to the present:

Name and Specialty	Address	Approximate Date/Years of Visits
Craig Amnott, M.D. Family Medicine	1200 NY-208 Monroe, NY 10950	In or around 2014 to present
Jacek Kura, MSPT Physical Therapy	80 Sullivan Street Wurtsboro, NY 12790	In or around 2009 to present

6. *Before the implantation* of the Bard Inferior Vena Cava Filter(s), did you regularly exercise or participate in activities that required lifting or strenuous physical activity? (Please include all physical activities associated with daily living, physical fitness, household tasks, and employment-related activities.)

Yes<u>X</u> No _____

If yes, please describe each activity in detail.

Mixed martial arts, power lifting, weight training, body building, karate

Since the implantation of the Bard Inferior Vena Cava Filter(s), have you regularly exercised or participated in activities that required lifting or strenuous physical activity? (Please describe all range of physical activities associated with daily living, physical fitness, household tasks, and employment-related activities.)

Yes<u>X</u>No____

If yes, please describe each activity in detail.

Work as a contractor and yard work

8. During the past ten (10) years, what have been your primary hobbies or recreational activities? <u>Mixed martial arts, power lifting, body building, karate</u>

- (a) Do you claim that you are unable to participate in any of the hobbies or recreational activities listed in response to question 8 above as a result of you having been implanted with a Bard Inferior Vena Cava Filter(s)?
 Yes X No
- (b) If yes, what hobbies or recreational activities do you claim that you are unable to participate in as a result of having been implanted with a Bard Inferior Vena Cava Filter(s)? <u>The filter's malfunction has drastically altered Plaintiff's lifestyle, as he</u> <u>has been forced to live a restrained lifestyle and refrain from power lifting, body</u> <u>building, karate, and mixed martial arts.</u>
- (c) For what period of time do you claim that you were or have been unable to participate in any hobbies or recreational activities as a result of having been implanted with a Bard Inferior Vena Cava Filter(s)?
 In or around September 2009 to present
- 9. To the best of your knowledge, have you ever been told by a doctor or another health care provider that you have suffered, may have suffered, or presently do suffer from any of the following:
 - <u>No</u> Lupus
 - No Crohn's Disease
 - <u>No</u> Factor V Leiden
 - <u>No</u> Protein Deficiency
 - <u>No</u> Spinal Fusion or Other Back Procedures
 - <u>No</u> Anti-thrombin Deficiency
 - <u>No</u> Prothrombin Mutation
 - <u>No</u> Deep Vein Thrombosis
 - <u>No</u> Pulmonary Embolism
 - No Auto Immune Disorder
 - <u>No</u> Varicose Veins
 - No Heart Procedures
 - <u>No</u> Blood Disorder
 - Please Describe:
 - <u>No</u> Bariatric Surgery

- No Anticoagulation Medication (e.g., Coumadin, Warfarin, etc.)
- No Ulcerative Colitis/Inflammatory Bowel Disease (IBD)
- <u>No</u> Cancer

Please Describe:___

THE FOLLOWING QUESTIONS ARE CONFIDENTIAL AND SUBJECT TO THE PROTECTIVE ORDER APPLICABLE TO THIS CASE.

* * * * * * * * * *

- (A) Have you been diagnosed with and/or treated for any drug, alcohol, chemical and/or other addiction or dependency during the five (5) years prior to the filing of this lawsuit through the present? Yes <u>No X</u>.
 If yes, specify type and time period of dependency, type of treatment received, name of treatment provider, and current status of condition:
- (B) Have you experienced, been diagnosed with or received psychiatric or psychological treatment of any type, including therapy, for any mental health conditions including depression, anxiety, or other emotional or psychiatric disorders during the five (5) years prior to the filing of this lawsuit through the present? Yes X No
 If yes, specify condition, date of onset, medication/treatment, treating physician and current status of condition:
 <u>Anxiety and insomnia following accidents; in or around 2009; prescribed</u>
 <u>Ambien; Mark Guido, Ph.D. and Quazi Al-Tariq, M.D.; and ongoing</u>

* * * * * * * * * *

 10.
 Do you now or have you ever smoked tobacco products? Yes _____ No ____ X

 If yes:

How long have/did you smoke?_____

11. List each prescription medication you have taken for more than three (3) months at a time during the timeframe beginning five (5) years prior to implantation of the Bard Inferior Vena Cava Filter and continuing to the present, giving the name and address of the

pharmacy where you received/filled the medication, the reason you took the medication, and the approximate dates of use.

Medication and	Prescribing	Pharmacy Name and	Reason for	Approximate
Dosage	Physician	Address	Taking	Date(s) of Use
			Medication	
Ambien	Craig Amnott,	Rite Aid Pharmacy	Anxiety and	In or around
10mg once daily	M.D.	1 Fitzgerald Drive	insomnia	January 2016 to
		Middletown, NY		present
Amlodipine	Craig Amnott,	Rite Aid Pharmacy	Blood pressure	In or around
(Norvasc)	M.D.	1 Fitzgerald Drive		March 2016 to
10mg once daily		Middletown, NY		present

IV. INSURANCE INFORMATION

 Provide the following information for any past or present medical insurance coverage from the timeframe beginning five (5) years prior to implantation of the Bard Inferior Vena Cava Filter and continuing to the present:

Insurance Company	Policy Number	Name of Policy	Approximate Dates
Name and Address		Holder/Insured (if	of Coverage
		different than yourself)	
Health Republic	Y60531901	N/A	In or around 2013 to
Insurance of New York			2015
30 Broad Street			
New York, NY 10004			
State Farm Insurance	528345990	N/A	In or around
			September 2009 to
			present

2. To the best of your knowledge, have you ever been approved to receive or are you currently receiving Medicare/Medicaid benefits due to age, disability, condition, or any other reason or basis?

Yes_____ No<u>____</u>

If yes, please specify the date on which you first became eligible:_

[Please note: if you are not currently a Medicare-eligible beneficiary, but become eligible for Medicare during the pendency of this lawsuit, you must supplement your response at that time. This information is necessary for all parties to comply with Medicare regulations. See 42 U.S.C. 1395y(b)(8), also known as Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and 42 U.S.C. 1395y(b)(2) also known as the Medicare Secondary Payer Act.]

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		V. PRIOR CLAIM INFORMATION		
1.	Have	you filed a lawsuit or made a claim in the last ten (10) years, other than in the		
	prese	nt suit relating to any bodily injury?		
	Yes_	NoX		
	If yes, please specify the following:			
	(a)	Court in which the lawsuit/claim was filed or initiated:		
	(b)	Case/Claim Number:		
	(c)	Nature of Claim/Injury:		
2.	Have you ever applied for Workers' Compensation (WC), Social Security disability (SSI			
	or SS	D) benefits, or other State or Federal disability benefits?		
	Yes_	NoX		
	If yes	, please specify the following:		
	(a)	Date (or year) of application:		
	(b)	Type of benefits sought:		
	(c)	Agency/Insurer from which you sought the benefits:		
	(d)	Nature of the claimed injury/disability:		
	(e)	Whether the claim was accepted or denied:		
		VI. FACT WITNESSES		
1.	Identi	fy by name, address, and relationship to you, all persons (other than your healthcare		

 Identify by name, address, and relationship to you, all persons (other than your healthcare providers) who possess information concerning your injuries and/or current medical condition:

Name	Address	Relationship to You	Information You Believe
			Person Possesses
Providencia Dewitt	617 Lybolt Road	Wife	Injuries caused by filter
	Bullville, NY 10915		

VII. IDENTIFICATION OF DOCUMENTS AND OTHER ELECTRONICALLY STORED INFORMATION

For the period beginning three (3) years prior to the implantation of the Bard Inferior Vena Cava Filter until the present, please identify all research, including on-line research, that you conducted regarding the medical complaints or condition for which you received the Bard Inferior Vena Cava Filter (pulmonary thromboembolism, anticoagulant therapy, etc.) Identify the date, time, and source, including any websites visited. (Research conducted subsequent to and for the purpose of understanding the legal and strategic advice of your counsel is not considered responsive to this request.)

In or around December 2009, Plaintiff conducted online research on Google and YouTube about the Bard IVC filter and the various malfunctions that have occurred in other patients. Upon learning that the filter fractured and a strut had migrated to his heart in March 2016, Plaintiff conducted various online research about IVC filter retrieval methods and his doctor, Dr. Frank Lynch, who performed the filter retrieval, attempted retrieval of the strut from the heart, and the successful retrieval of the strut from his lung.

VIII. DOCUMENT REQUESTS

1. RELEASES.

NOTE: Please sign and attach to this Fact Sheet the authorizations for the release of records appended hereto.

- 2. DOCUMENTS. State whether you have any of the following documents in your possession, custody, and/or control. If you do, please provide a true and correct copy of any such documents with this completed Fact Sheet. Please ensure that the production of documentation includes specific reference to the questions to which the document is provided in response.
 - (a) If you were appointed by a Court to represent the plaintiff in this lawsuit, produce any documents demonstrating such appointment.
 - (i) Not applicable X
 - (ii) The documents are attached [OR] I have no documents
 - (b) If you represent the Estate of a deceased person in this lawsuit, produce a copy of the decedent's death certificate and autopsy report (if applicable).
 - (i) Not applicable X
 - (ii) The documents are attached [OR] I have no documents
 - (c) Produce each and every medical record of each and every medical facility, pharmacy, or practitioner of the healing arts identified by you in response to the questions in Sections II and III above regarding your medical care and history for the time period beginning ten (10) years prior to the implantation of the Bard Inferior Vena Cava Filter and continuing to the present.
 - (i) Not applicable_____
 - (ii) The documents are attached X [OR] I have no documents

- Produce any communication (sent or received) in your possession, which shall include materials accessible to you from any computer on which you have sent or received such communications, concerning the Bard Inferior Vena Cava Filter(s) or subject of this litigation, including, but not limited to all letters, emails, blogs, Facebook posts, Tweets, newsletters, etc. sent or received by you. (Research conducted subsequent to and to understand the legal and strategic advice of your counsel is not considered responsive to this request.)
 - (i) Not applicable X
 - (ii) The documents are attached [OR] I have no documents
- (e) Produce all documents, including journal entries, lists, memoranda, notes, diaries, photographs, video, DVDs or other media, discussing or referencing the Bard Inferior Vena Cava Filter(s), the injuries and/or damages you claim resulted from the Bard Inferior Vena Cava Filter(s), and/or evidencing your physical condition from three (3) years prior to the implantation of the Bard Inferior Vena Cava Filter(s) to present. (Research conducted subsequent to and to understand the legal and strategic advice of your counsel is not considered responsive to this request.)
 - (i) Not applicable X
 - (ii) The documents are attached [OR] I have no documents
- (f) Produce any Bard Inferior Vena Cava Filer product packaging, labeling, advertising, or any other product-related items in your possession, custody or control.

(i) Not applicable X

- (ii) The documents are attached [OR] I have no documents
 (g) Produce all documents concerning any communication between you, your attorney(s), your agent(s), your expert(s), or your representative(s) and the Food and Drug Administration (FDA), or between you and any employee or agent of the Bard Defendants, regarding Bard Inferior Vena Cava Filters.
 - (i) Not applicable X
 - (ii) The documents are attached [OR] I have no documents
- (h) Produce all documents that you, your attorney(s), your agent(s), your expert(s), or your representative(s) provided to the Food and Drug Administration (FDA)

and/or the Department of Health and Human Services regarding Bard Inferior Vena Cava Filters.

- (i) Not applicable X
- (ii) The documents are attached [OR] I have no documents
- Produce all documents concerning any communication between you, your attorney(s), your agent(s), your expert(s), or your representative(s) with anyone at any television station, radio station, newspaper, periodical, magazine, weblog, internet website, or any other media outlet regarding Bard Inferior Vena Cava Filters.

(i) Not applicable X

(ii) The documents are attached [OR] I have no documents ______
(j) Produce all documents that you, your attorney(s), your agent(s), your expert(s), or your representative(s) provided to anyone at any television station, radio station, newspaper, periodical, magazine, weblog, internet website, or any other media outlet regarding Bard Inferior Vena Cava Filters.

- (i) Not applicable X
- (ii) The documents are attached [OR] I have no documentsProduce all documents in your possession, custody, or control evidencing or
- (k) Produce all documents in your possession, custody, or control evidencing or relating to any correspondence or communication between C. R. Bard, Inc. or Bard Peripheral Vascular, Inc. (or any related companies or divisions) and any of your doctors, healthcare providers, and/or you relating to Bard Inferior Vena Cava Filters, except as to those communications which are protected by the attorneyclient privilege or attorney work product doctrine.
 - (i) Not applicable X

(ii) The documents are attached [OR] I have no documents
(l) Produce all documents in your possession, custody, or control reflecting, describing, or in any way relating to any instructions or warnings you received prior to implantation of any Inferior Vena Cava Filter(s) concerning the risks and/or benefits associated with Inferior Vena Cava Filter(s), including but not limited to the Bard Inferior Vena Cava Filter implanted in you.

(i) Not applicable X

(ii) The documents are attached [OR] I have no documents

- (m) Produce any and all documents reflecting the model number and lot number of the Bard Inferior Vena Cava Filter(s) you received.
 - (i) Not applicable_____
 - (ii) The documents are attached X [OR] I have no documents
- (n) If you underwent surgery or any other procedure to remove, in whole or in part, the Bard Inferior Vena Cava Filter(s), produce any and all documents, other than documents that may have been generated by expert witnesses retained by your counsel for litigation purposes, that relate to any evaluation of the Bard Inferior Vena Cava Filter(s) removed from you.
 - (i) Not applicable
 - (ii) The documents are attached X [OR] I have no documents
- (o) If you claim lost wages or lost earning capacity, produce copies of your Federal and State tax returns for the five (5) years prior to implantation of the Bard Inferior Vena Cava Filter(s) to the present redacting irrelevant information.
 - (i) Not applicable X
 - (ii) The documents are attached [OR] I have no documents
- (p) Produce all documents in your possession, custody, or control concerning payment by Medicare on behalf of the injured party and relating to the injuries claimed in this lawsuit. This includes, but is not limited to Interim Conditional Payment summaries and/or estimates prepared by Medicare or its representatives regarding payments made on your behalf for medical expenses relating to the subject of this litigation.
 - (i) Not applicable X
 - (ii) The documents are attached [OR] I have no documents

[Please note: if you are not currently a Medicare-eligible beneficiary, but become eligible for Medicare during the pendency of this lawsuit, you must supplement your response at that time. This information is necessary for all parties to comply with Medicare regulations. See 42 U.S.C. 1395y(b)(8), also known as Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and 42 U.S.C. 1395y(b)(2) also known as the Medicare Secondary Payer Act.]

(q) Produce all screenshots of all webpages of each type of social media used by you
 (including, but not limited to, Facebook, Twitter, Instagram, Vine, Snapchat,

YouTube, LinkedIn) showing any and all "posts" and/or "messages" from the date of implantation to the present.

- (i) Not applicable X
- (ii) The documents are attached [OR] I have no documents

(r) Produce the Bard Inferior Vena Cava Filter(s) or any and all components thereof previously implanted in you.

VERIFICATION

I, <u>Brewer</u>, <u>below</u>, declare under penalty of perjury, subject to all applicable laws and in the presence of the below named witness, that I have carefully reviewed the final copy of this Amended Plaintiff Fact Sheet dated March 1, 2017 and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

Signature of Witness

Signature of Plaintiff

Name of Witness

Address of Witness

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EXHIBIT B



Deposition of: Brent Dewitt

February 15, 2017

In the Matter of:

In Re: Bard IVC Filters Products Liability

Veritext Legal Solutions 1075 Peachtree St. NE, Suite 3625 Atlanta, GA, 30309 800.808.4958 | calendar-atl@veritext.com | 770.343.9696

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Page 212 strut? 1 2 Yes. Α. When is that retrieval scheduled to Ο. 3 proceed? 4 5 Α. Tuesday. February 21st, 2017? Ο. 6 Α. Yes. 7 Who's doing the procedure? 8 Q. 9 Α. Dr. Lynch. What did Dr. Lynch tell you about the 10 Ο. likelihood of being able to retrieve the filter 11 strut from your lung? 12 Α. It's a 50 percent -- 50 to 60 percent 13 chance it will be successful. 14 Is the procedure going to be 15 Ο. 16 percutaneous or is it an open surgery? Α. Percutaneous. 17 Are you also scheduled to have an open 18 Q. 19 abdominal procedure to retrieve the filter in your IVC? 20 I'm going to have a consult, the same Α. 21 time I meet with Dr. Lynch, with another physician 22 that he's referring, who's more specialized in doing 23 open abdominal retrievals. 24 What's the name of the doctor that 25 Q.

Veritext Legal Solutions

Brent Dewitt In Re: Bard IVC Filters Products Liability February 15, 2017

Brent Dewitt In Re: Bard IVC Filters Products Liability February 15, 2017

Page 213 you're going to have a consult with in order to 1 determine whether or not to have an open abdominal 2 procedure to remove the IVC filter? 3 David Hahn. Α. 4 Q. Have you spoken to Dr. Han before? 5 No. 6 Α. You seem like you paused for a second, Ο. 7 or maybe that's just me. 8 I've spoken with --9 Α. MR. MANKOFF: Object to form. 10 11 Go ahead. THE WITNESS: I've spoken with his 12 staff in reference to scheduling. 13 BY MR. BUSMAN: 14Okay. You've never had any 15 Ο. conversations with Dr. Han; right? 16 17 Α. No. The only conversations you've had with 18 Q. anybody in Dr. Han's office have been with his staff 19 in order to try to schedule appointment with him; 20 21 right? 2.2 Α. Yes. Is Dr. Han located in Hershey, 23 Ο. 24 Pennsylvania? Α. Yes. 25

EXHIBIT C



Deposition of: **Debra Tinlin**

February 8, 2017

In the Matter of:

In Re: Bard IVC Filters Products Liability

Veritext Legal Solutions 1075 Peachtree St. NE, Suite 3625 Atlanta, GA, 30309 800.808.4958 | calendar-atl@veritext.com | 770.343.9696

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		Debra Tinlin February 8, 2017 In Re: Bard IVC Filters Products Liability
		Page 144
1		THE VIDEOGRAPHER: We are back on the
2		record. The time now is 2:57 p.m. and this is
3		the beginning of Media Unit 4 of the video
4		deposition of Debra Ann Tinlin.
5		BY MS. KOWALZYK:
6	Q	Ms. Tinlin, I know that we've been going for a
7		long time today, for, I don't know, maybe five
8		hours total depo time. And I can see that
9		you're a little uncomfortable. Are you okay
10		with keeping going or would you, I guess, how
11		are you feeling?
12	A	I would like to get it finished.
13	Q	Are you uncomfortable?
14	A	I'm uncomfortable just sitting here. It's
15		painful, yes.
16	Q	Okay. And if you were at home it would be less
17		painful because you would be able to be laying
18		down or in your recliner?
19	A	Yes. Yeah, move around more, yes.
20	Q	Okay. Well, I will try to finish up as quickly
21		as I can, but I'm trying to avoid us all having
22		to do this again, so but if you want to
23		stop
24	A	No.
25	Q	at any point

Veritext Legal Solutions

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Debra Tinlin In Re: Bard IVC Filters Products Liability February 8, 2017

		Page 145
1	A	Let's go.
2	Q	let me know.
3	A	Okay. Thank you.
4	Q	Uh-huh. What was the most recent doctor visit
5		that you had?
6	A	The 19th I had the endoscopy.
7	Q	Okay.
8	A	Before that the 13th I saw Dr. Gautam, the
9		hematologist, in his office so he could bridge
10		me off of my Coumadin for the procedure.
11	Q	So Dr. Gautam is the hematologist who now
12		handles your Coumadin?
13	А	Well, he he only handles it if I need to
14		bridge. Dr. Leah Nitke takes care of it on a
15		daily basis.
16	Q	Got it.
17	A	But if I need to go off for a procedure then
18		he'll handle the bridging.
19	Q	What appointments do you have currently to see
20		doctors?
21	A	I see Dr. Newell, the endocrinologist this
22		month. I'm going to see a neurologist this
23		month. In March I'm going to see an
24		orthopedic, Dr. Schnaubelt.
25	Q	Who's the neurologist that you see this month?

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PLAINTIFFS' EXHIBIT 6

DGase	2:15mg-02641-DGCsuppfument 1202678theled 08/19/18effege 19ty Revi	iew
1	Q. How big is Wheaton?	
2	A. In terms of what?	
3	Q. In terms of numbers.	
4	MR. BROWN: Object to the form.	
5	THE WITNESS: I have no idea off the top	
6	of my head.	
7	BY MR. O'CONNOR:	
8	Q. Did they bring you good numbers?	
9	A. I don't know what the answer to that is.	
10	Q. Well, we know that back in April 2010,	
11	Bard wanted G2s Eclipse switched out for the G2,	
12	and here now we're at February 17, 2011.	
13	A. Okay.	
14	Q. Not quite a year, but several months	
15	after this e-mail came from Bret Baird; right?	
16	A. Sure.	
17	Q. And you have, I'm going to hazard a	
18	guess, a relatively good customer who's still using	
19	the G2.	
20	A. Okay.	
21	Q. Right?	
22	A. Looks like it, yes.	
23	Q. And you took this opportunity to tell	
24	Mary Starr, the interventional radiology	
25	coordinator at Wheaton, that she needs to be	

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PLAINTIFFS' EXHIBIT 7

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you ever make that phone call? 1 2 MR. BROWN: Object to the form. 3 THE WITNESS: No. At the same time I 4 didn't make the phone call, you know, asking why we 5 were doing it or what that was for. So no. BY MR. O'CONNOR: 6 7 And that's my point. You didn't make the 0. 8 call. If Bard told you to do something, you're 9 going to do it if you could do it? 10 Α. Sure. 11 Q. You didn't ask any questions, you just do 12 it if you could? 13 If I was able to, sure. Α. 14 (Exhibit 21 marked for identification.) BY MR. O'CONNOR: 15 16 Wheaton Franciscan was a big client, 0. 17 weren't they? 18 I don't know how to say how big they are. Α. 19 I don't know exactly how you're describing big. 20 Were they an important client? 0. 21 All my customers are important, so --Α. 22 Wheaton somebody you wanted to keep Ο. 23 happy? 24 All my customers were people that I Α. 25 wanted to keep happy.

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1	Q.	How big is Wheaton?
2	Α.	In terms of what?
3	Q.	In terms of numbers.
4		MR. BROWN: Object to the form.
5		THE WITNESS: I have no idea off the top
6	of my head	d.
7	BY MR. O'	CONNOR:
8	Q.	Did they bring you good numbers?
9	Α.	I don't know what the answer to that is.
10	Q.	Well, we know that back in April 2010,
11	Bard want	ed G2s Eclipse switched out for the G2,
12	and here :	now we're at February 17, 2011.
13	Α.	Okay.
14	Q.	Not quite a year, but several months
15	after this	s e-mail came from Bret Baird; right?
16	Α.	Sure.
17	Q.	And you have, I'm going to hazard a
18	guess, a :	relatively good customer who's still using
19	the G2.	
20	Α.	Okay.
21	Q.	Right?
22	Α.	Looks like it, yes.
23	Q.	And you took this opportunity to tell
24	Mary Star	r, the interventional radiology
25	coordinat	or at Wheaton, that she needs to be

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1	switching out and using the Eclipse; right?
2	A. I don't know that I I was asked was
3	I asked that question, to switch out?
4	Q. "Mary, you want the Eclipse, here are the
5	product codes." See where I read that?
6	A. Sure. That doesn't sound like me
7	Q. Those are your words. Pardon me?
8	A. That doesn't sound like me mandating her
9	to switch anything. Am I responding to a question?
10	Q. Well, look at it.
11	A. Yeah, she asked me if I should order the
12	Eclipses or the G2s.
13	Q. And what did you tell her?
14	A. You want to order the Eclipse 'cause the
15	G2s are being discontinued, right? So the
16	product's not going to be available anymore. So we
17	would want to get them over to the next iteration.
18	There's not going to be any product left.
19	Q. When had you ever told her, or anybody at
20	Wheaton before February 17, 2011, that Bard was
21	switching out switching the Eclipse for the G2?
22	A. I don't know. I mean, I would I don't
23	know when I would have tried, if I ever was able to
24	get to her before this. This may have been the
25	first opportunity I had to get to her. I don't
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know. 1 2 So the first opportunity you may have had 0. was not quite a year but several months after Bret 3 Baird sent that e-mail out? 4 5 Α. Could have been. And still by this time you never asked 6 0. 7 Bard hey, Bret, why are we switching these out? Never made that phone call? 8 9 I didn't, no. Α. 10 0. Okay. 11 MR. BROWN: Object to the form. 12 BY MR. O'CONNOR: 13 But by this time, you knew that this Ο. 14 hospital should be using the Eclipse? Yeah, I mean at -- obviously that was our 15 Α. 16 new filter line. The G2s were going away, they 17 weren't going to have anymore. They didn't have 18 the option; they weren't going to be able to order 19 anymore G2s. 20 0. And if the reason Bard was so intent on 21 switching out was because of known problems with 22 the G2, you just don't know? 23 MR. BROWN: Object to the form. 24 BY MR. O'CONNOR: 25 You never asked? 0.

PLAINTIFFS' EXHIBIT 8

Basn2:15 mg-02643 = DGC s D9 gurent 1209 for 12 h Eiled O8/19/18 en Rage 2:0f 7 Review Q. Why was it done? Why was there a new 1 2 iteration? 3 I don't know necessarily why there was a Α. new iteration. 4 5 0. The Eclipse didn't last very long, did it? 6 7 I don't recall exactly how long it was on Α. the market for. 8 9 Well, we saw somewhere it was supposed to Q. begin in April, 2010; right? 10 11 That -- it was supposed to begin? Α. 12 0. That G2 was stopped, according to Bret 13 Baird, and the Eclipse was supposed to be switched 14 out. 15 Α. Okay. 16 MR. BROWN: Object to the form. 17 BY MR. O'CONNOR: 18 0. Right? 19 Α. Okay. 20 (Exhibit 25 marked for identification.) 21 BY MR. O'CONNOR: 22 0. 25. It's not even a year, it's March 8, 23 2011, since the Bret Baird e-mail about the Eclipse 24 and the G2. And here you're talking about the 25 Meridian. What was up with that?

Basn2:15 mg-02643 = DGC SD9 gurent 1209 foil the heiled Cohipite Review 1 MR. BROWN: Object to the form. 2 BY MR. O'CONNOR: 3 Why is the Eclipse coming down so fast? Q. MR. BROWN: Object to the form. 4 5 THE WITNESS: I have no idea. BY MR. O'CONNOR: 6 7 Did you ever ask? 0. 8 Α. No. 9 I mean, you just barely got to these Q. 10 people in 2011 about the switch-out, and now they're changing it on you again. 11 12 MR. BROWN: Object to the form. 13 BY MR. O'CONNOR: 14 Q. Right? 15 A. Looks that way, yeah. 16 0. Now they're talking about the Meridian; 17 right? 18 Looks like that's -- yes. Α. 19 But the problem is, in this e-mail, Q. 20 March 8, 2011, that the Meridian's not even ready 21 to be sold, it's backordered. Am I reading that 22 right? 23 Possibly. It says --Α. 24 Well, you tell me. What's Bret telling Q. 25 you folks?

Basn2:15mg-02641-DGCsD9gunent 12096110 hEiled 08/10/18en Rage fiofy Review

So it's -- how I'm reading that, 1 Α. 2 there's -- looks like he says a delay. I don't 3 know what that means. Well, and they're bringing back the G2 4 Ο. 5 for a reunion tour; right? I don't know if that was the case. 6 Α. 7 Well, tell me what that means. They're 0. not talking about the Eclipse staying out there, 8 they're talking about the G2. As a matter of fact, 9 10 let's read what it says, the first sentence. Would 11 you read that? 12 Α. It says, "In the next day or so we will be going on backorder for the femoral G2 filter as 13 a result of the Meridian delay." 14 15 0. Continue. 16 "As you are aware, we had been working on Α. 17 finishing the remaining G2 product in preparation 18 for discontinuation. But with the Meridian delay, 19 we have turned production back on temporarily." 20 What did -- I'm sorry, go ahead. Ο. 21 Did you want me to finish that, or no? Α. 22 0. Sure. 23 "We should be out of the backorder by Α. 24 next week." 25 What did the Meridian have that the 0.

Basn2:15mg-02641-DGCsD9gunent 12096119 hEiled 08/19/18en Rage Fiofy Review

Eclipse didn't? 1 2 Α. Oh, I think this is when they had hooks or anchors on the shoulders. But I can't remember 3 if that's the Meridian or the Denali, which one is 4 5 which. It's been a while. 6 (Exhibit 26 marked for identification.) 7 BY MR. O'CONNOR: 8 0. It's getting a little confusing now, isn't it? Because this e-mail on Exhibit 26 is 9 dated December 13, 2011; right? 10 11 Uh-huh. Α. 12 O. Yes? 13 Α. Yes. Sorry. 14 Q. And we've gone from G2 being discontinued in April of 2010 to the Eclipse, to the Meridian in 15 16 early 2011, and now here we are at the end of 2011 17 and they're still talking about the G2 filter being 18 discontinued. Do you see that? 19 Α. I do. 20 Q. How did you keep up? 21 A. How did I keep up with what? 22 Well, this changing and what you were 0. supposed to do. I mean, one minute the G2 is being 23 24 discontinued, the next minute it's gotta make a 25 comeback because they don't have the Meridian

Case 2:15-md-02641-DGC Document 12096-10 Filed 08/10/18 Page 6 of 7

 To:
 Aghakhan, Ninef[Ninef.Aghakhan@crbard.com]; Calcagno, Geno[Geno.Calcagno@crbard.com]; Fermanich,

 Matt[Matt.Fermanich@crbard.com]; Lay, Jason[Jason.Lay@crbard.com]; Scherer, Cindy[Cindy.Scherer@crbard.com]; Torres,

 Erin[Erin.Torres@crbard.com]; Trottier, Aimee[Aimee.Trottier@crbard.com]

 From:
 Hug, Tim

 Sent:
 Tue 3/8/2011 6:44:48 PM

 Importance:
 Normal

 Subject:
 FW: G2 Fem Filter Backorder

 Received:
 Tue 3/8/2011 6:44:00 PM

FYI

Tim Hug Great Lakes District Manager

Direct: 631 334 0526 Fax: 262 542 2810 tim.hug@crbard.com www.bardpv.com

BAIRD VASCULAR

From:Baird, Bret Sent: Tuesday, March 08, 2011 10:01 AM To: TPE-PV DM's-DG Cc: Righi, Robert; Pellicio, Jeffrey; Randall, Mike; Warren, Kathleen; Casanova, Mike Subject: G2 Fem Filter Backorder

Dear DM's,

In the next day or so we will be going on backorder for the Femoral G2 Filter as a result of the Meridian delay. As you are aware, we had been working to finish the remaining G2 product in preparation for discontinuation, but with the Meridian delay we have turned production back on temporarily. We should be out of backorder by next week.

At this time we do not foresee a backorder for the G2 Jug system, since we have enough product to cover us.

Thanks for your patience.

Bret Baird Marketing Manager, IVC Filters

Direct: 480 379 2875 Fax: 480 303 2783 Main: 480 894 9515 bret.baird@crbard.com www.bardpv.com





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4.4

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

BPVEFILTER-01-01941408

PLAINTIFFS' EXHIBIT 9

Basn2:15mg-02641-DGCsD9gunent 12096111 hEiled 08/10/18enRage 2:0fy Review

Eclipse didn't? 1 2 Α. Oh, I think this is when they had hooks or anchors on the shoulders. But I can't remember 3 if that's the Meridian or the Denali, which one is 4 5 which. It's been a while. 6 (Exhibit 26 marked for identification.) 7 BY MR. O'CONNOR: 8 0. It's getting a little confusing now, isn't it? Because this e-mail on Exhibit 26 is 9 dated December 13, 2011; right? 10 11 Uh-huh. Α. 12 O. Yes? 13 Α. Yes. Sorry. 14 Q. And we've gone from G2 being discontinued in April of 2010 to the Eclipse, to the Meridian in 15 16 early 2011, and now here we are at the end of 2011 17 and they're still talking about the G2 filter being 18 discontinued. Do you see that? 19 Α. I do. 20 Q. How did you keep up? 21 A. How did I keep up with what? 22 Well, this changing and what you were 0. supposed to do. I mean, one minute the G2 is being 23 24 discontinued, the next minute it's gotta make a 25 comeback because they don't have the Meridian

Basn2:15mg-21641=DGCsD9gunent 12096111 hEiled 08/19/18en Rage Piety Review

ready. How were you able to work your job and get 1 2 the filters out there and promote and educate these 3 doctors? 4 Α. I don't recall exactly, to answer your 5 question, how I kept up. I don't necessarily know what you're asking. б 7 Was it a time you're trying to just Ο. 8 forget and put behind you? 9 No. It's over six years ago, or six Α. 10 years ago. I just don't remember my day-to-day 11 activities six years ago extremely well. 12 Q. Well, do you know who Kim Romney is? 13 I know the name. I don't know her Α. 14 personally, no. She says, "Sales of the G2 filter is now 15 0. 16 obsolete. Our inventory is exhausted and customer 17 service can no longer take orders." You see where 18 I read? 19 I do. Α. 20 Then she goes on to say that, "I know you Ο. 21 are all in transition right now with the 22 realignment, but please help us see this through by 23 checking in with your G2 accounts to confirm that 24 they successfully switched to the Meridian." Did I 25 read that correctly?

You did. 1 Α. 2 And then she goes on to say, "If you're Ο. not sure which accounts to switch, or sure which 3 accounts these are, please check with your DMs, who 4 5 have a current list of G2 accounts in your territories." Did I read that correctly? б 7 A. You did. 8 0. And your DM was Tim Huq? It looks like it at the time, yes. 9 Α. And did you call him and say what are my 10 Ο. territories? 11 12 Α. I don't know if I called him. I mean, it 13 looks like I e-mailed him here about UW, but I don't know that I called him about this. 14 If Tim was a poor communicator, it looks 15 0. 16 like that was happening throughout the company, 17 because you see it and I see it, how many times was 18 the G2 discontinued just in our discussion today? 19 Couple times. 20 MR. BROWN: Object to the statement. 21 THE WITNESS: Yeah, I don't recall. 22 BY MR. O'CONNOR: 23 Sounds like there were problems with Ο. 24 communication, doesn't it? 25 MR. BROWN: Object to the form.

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1	THE WITNESS: Well, you have to remember,
2	I think that there's one of the issues going on
3	here is that there's customers that like the G2,
4	probably, that continued to use and use and use and
5	use and use, and some saw no reason to try out a
6	new product because they were you know, the
7	performance of the G2 worked for them, so they
8	didn't want to switch out to it. I'm sure that's
9	part of it.
10	BY MR. O'CONNOR:
11	Q. Well, see, here's why I don't see it that
12	way. Because we just went through an e-mail that
13	said they were bringing the G2 back.
14	A. Okay.
15	Q. You remember that?
16	A. Sure.
17	Q. Let's look at your problem. And your
18	problem looks like it's up on top here.
19	A. Okay.
20	Q. You say, "It's gonna hurt us with UW
21	Hospital's OR order."
22	MR. BROWN: Object to the form.
23	BY MR. O'CONNOR:
24	Q. Oh no, I'm sorry, you're right. I'll
25	sustain that. "Is this going to hurt us with the
~]]	

 To:
 Fermanich, Matt[Matt.Fermanich@crbard.com]

 From:
 Hug, Tim

 Sent:
 Tue 12/13/2011 6:42:48 PM

 Importance:
 Normal

 Subject:
 Re: G2 Filter Discontinued

 Received:
 Tue 12/13/2011 6:42:48 PM

 image001.gif
 Tue 12/13/2011 6:42:48 PM

No...they ordered eclipse

Tim Hug

"Fermanich, Matt" <Matt.Fermanich@crbard.com> wrote:

Is this gonna hurt us with UW Hospital's OR order?

From:Romney, Kim Sent: Tuesday, December 13, 2011 11:26 AM To: TPE-PV Sales-DG; TPE-Marketing-DG Cc: Everett, Annette; Seisinger, Raye; Warren, Kathleen Subject: G2 Filter Discontinued

Sales Team,

The G2 Filter (RF310F and RF320J) is now obsolete. Our inventory is exhausted and customer service can no longer take orders. I know you all are in transition right now with the realignment but please help us see this through by checking in with your G2 accounts to confirm that they've successfully switched to the Meridian Filter (MD800F and MD800J). If you are not sure which accounts these are, please check with your DM's who have a current list of G2 accounts in your territories.

Thanks,



Kim Romney

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

Associate Product Manager, IVC Filters

Direct: 480 638 2996

1

Fax: 480 303 2783

Main: 480 894 9515

kim.romney@crbard.com

www.bardpv.com

BARD VASCULAR

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PLAINTIFFS' EXHIBIT 10

Bash2:15 mg 24641 DGC S D9 gunent 200 to 12 heiled 08/10/18 enter 210 F Review

1	can't call medical affairs to get the answer. It's a
2	physician/medical affairs connection there.
3	Q. Do you recall in this particular instance,
4	do you remember if Mr. Fermanich got back to this
5	physician?
6	A. I would be angry if Matt did not. I don't
7	know, though.
8	Q. And what would you have expected him or if
9	you recall, tell me what he provided to the physician.
10	A. I don't know, but I would expect Matt to say,
11	At the end of the day, we don't know the answer to that,
12	but I would encourage you to reach out on this phone
13	number, and perhaps they can do some additional research
14	to find the answer to that.
15	Q. Okay. This is one I want to show you.
16	(Exhibit 1115 was marked for
17	identification.)
18	Q. BY MR. LOPEZ: This is Exhibit 1115. All
19	right. Okay. Just go to the second page real quick.
20	A. Okay.
21	Q. This is an e-mail between Mary Starr and Matt
22	Fermanich, and you know who Mary Starr is?
23	A. Yeah. I'm not sure what her role was at this
24	time, but I do know Mary Starr.
25	Q. Okay. Actually it looks like she says
L	

Base	ZZZ5DIG2641=DGCSD9gW2ent22096122hEiled08/1218ent2982i0ty Review
1	A. Oh, there it is.
2	Q interventional radiology coordinator?
3	A. Yeah. So I knew her when she worked in the
4	cath lab at saint Francis, another Wheaton facility. So
5	that's how I knew her.
6	Q. She writes just on the second page at the top,
7	"Matt, I filled out the first half of the form. The
8	second half you fill out"
9	A. Yes.
10	Q "question" I don't know if I read that
11	right.
12	A. Right.
13	Q. "Also I need to order some filters. Is it the
14	Eclipse or the G2," she's asking, and let's keep in mind
15	the date here.
16	A. Okay.
17	Q. This is February 16, 2011.
18	A. Okay.
19	Q. And she needs more filters, or the group does,
20	and then Matt responds. You can go to the first page.
21	A. Yep.
22	Q. "Mary, you want the Eclipse. Here are the
23	product codes." Okay. And then he provides them.
24	A. Yes.
25	Q. And this was in this comported to the
1	

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instructions or the -- you know, the company directive 1 2 that he's aware of. 3 Α. Uh-huh. 4 0. That's a yes? 5 Α. It is correct, yes. Sorry. Sorry, it's annoying, but you've got to give 6 Q. audible responses. 7 Α. 8 Yes. And Mary responds and says, "Thanks, Matt. 9 0. We still have a G2 in stock. Are those still being used?" 10 And at least at this time, it's fair to say that this 11 12 hospital is using the G2. Right? 13 I think that would be fair that it sounds like Α. 14 they have some in stock, yes. 15 Q. And do you know what Matt replied? 16 Α. I don't. I can't recall that. Okay. Yeah, I don't have it --17 Q. 18 I could make an assumption on that, but, yes. Α. 19 What would you expect Matt to have responded? Ο. 20 MR. LERNER: Objection to form. 21 THE WITNESS: I would assume that Matt would 22 probably tell her that the G2 -- to go ahead and utilize 23 the G2 and that when she does her reorders to order the 24 Eclipse. Right? 25 I mean, that's -- that's the direction that

Bash2:15 mg 01641 DGC S D9 gunent 120 40 12 heiled 08/10/18 en Page Fift Review

1	we have, and that's the communication that we have, and I
2	would assume that that Matt could carry that out, but
3	I can't say that with certainty obviously.
4	Q. BY MR. LOPEZ: Okay. You can put that one
5	aside.
6	A. Okay.
7	Q. All right. This is Exhibit 1116.
8	(Exhibit 1116 was marked for
9	identification.)
10	Q. BY MR. LOPEZ: And let's try to go through this
11	one a little more quickly than it might look like we're
12	going to.
13	A. Okay.
14	Q. I know it's a big one, but go to page 18,
15	please.
16	A. Okay.
17	Q. And you'll see it's a chart at the top. It
18	says, "What is G2 trend relative to RNF?" And do you
19	understand the RNF to be the Recovery filter?
20	A. Yes.
21	Q. Okay. Do you see in the left column, second
22	row, limb detachments, arm/leg hook?
23	A. Yes.
24	Q. And the far right column says, "G2 has less arm
25	and hook complaints than RNF. G2 has more leg complaints