BEFORE THE UNITED STATES JUDICIAL PANEL ON MULTIDISTRICT LITIGATION

IN RE: LINEAR GADOLINIUM-BASED CONTRAST AGENTS PRODUCTS LIABILITY LITIGATION	**MDL No. 2868**

DEFENDANTS GE HEALTHCARE INC. AND GENERAL ELECTRIC'S OPPOSITION TO PLAINTIFFS' MOTION FOR TRANSFER OF ACTIONS PURSUANT TO 28 U.S.C. § 1407

Defendants General Electric Company and GE Healthcare Inc. (collectively "GEHC"), through counsel, oppose Movants' request to transfer the five cases naming GEHC for centralized proceedings in the Northern District of California as follows:

INTRODUCTION

The five cases against GEHC related to its gadolinium-based contrast agent ("GBCA"), Omniscan, should not be centralized in any MDL, because each case will require individualized factual scrutiny with different experts, and is also subject to individual legal challenges based on state-specific law. For example, one case, brought by a *pro se* plaintiff, involves an alleged disease (Nephrogenic Systemic Fibrosis or "NSF") that was the subject of a now-closed MDL exclusively relating to patients with kidney disease. The other four cases—primarily involving the same plaintiffs' counsel—allege a panoply of injuries, ranging from tinnitus to the development of tumors. These plaintiff-specific factual and legal issues should be addressed upfront in each case, rather than being swept into a larger MDL, which will cause these legal challenges to be relegated to the back of the docket and largely ignored, especially in light of how far along the non-GEHC cases have progressed. In all, Movants' request to create an MDL

at this stage appears designed to frustrate—not assist—the just, speedy, and efficient determination of these cases, in contravention of Fed. R. Civ. P. 1.

As set forth below, (1) five cases is insufficient to warrant inclusion in an MDL that, if created over all defendants' objections, will include a majority of non-GEHC cases, (2) the five GEHC cases should be permitted to undergo individual factual and legal scrutiny on their own merits, rather than being placed at the back of the docket of an MDL without such attention, and (3) centralization will frustrate the efficient determination of each of GEHC's cases.

ARGUMENT

I. GEHC'S FIVE CASES ARE INSUFFICIENT FOR INCLUSION IN AN MDL

This Panel previously has found such a low volume of cases to be insufficient for inclusion in an MDL. *See In re Invokana (Canagliflozin) Prod. Liab. Litig.*, 223 F. Supp. 3d 1345, 1348 (J.P.M.L. 2016) (denying class-wide centralization including multiple defendants "especially given the relatively small number" of cases of some of the defendants). In *Invokana*, the Panel was asked to create a class-wide MDL that would have included a 15-case defendant and a 3-case defendant (5 by the time of the hearing) along with a 55-case defendant, in which the 55-case defendant agreed to an MDL. The Panel refused to create a class-wide MDL, recognizing the inefficiencies that would be created with centralization involving multiple defendants with different competing products in the same MDL. *Id.*

Invokana is instructive here. As an initial matter, no defendant has a high volume of cases, and no defendant requests centralization. Even so, Movants have identified 21 cases, and only 5 involve GEHC, one of which (*White*) involves a different disease. For GEHC, even its remaining four cases should not be swept into any MDL, because there are no efficiencies to be

gained from inclusion in a multi-defendant MDL with such few cases. *Id.* Therefore, GEHC's cases should not be included in any MDL.

II. EACH OF THE FIVE CASES AGAINST GEHC REQUIRES INDIVIDUAL SCRUTINY

Rather than including such a low case count in a larger MDL, the lawsuits filed against GEHC instead should be allowed to proceed in their current jurisdictions where they will receive appropriate individual case scrutiny. Movants contend that all 21 cases "involve widespread fibrosis and other symptoms in the bodies of patients with normal kidney function." (Br., ECF 1-1, at 6.) Following comparisons to MDL No. 1909 involving patients with severe kidney disease and a diagnosis of NSF, Movants suggest that their request is simply an extension of MDL No. 1909—an MDL for patients with normal kidney function. (*Id.*; Interested Party Response, ECF 41, at 2, n.3.) This comparison, however, is belied by each Plaintiff's alleged injuries. First, there are no similarities between the NSF litigation and Movants' cases. Second, each of the GEHC cases will require a varied set of experts to address the vast array of symptoms alleged by each specific plaintiff.

A. "Retained Gadolinium" Cases Are Not Like NSF Cases In MDL No. 1909

Nephrogenic Systemic Fibrosis is a recognized disease with established diagnostic criteria. Girardi, Cowper et al., *Nephrogenic Systemic Fibrosis: Clinicopathological Definition and Workup Recommendation*, 65 J. Am. Acad. Dermatol. 1095 (2011). Following its first association with GBCAs in 2006,[1] the plaintiffs and four of the five defendants requested centralization pursuant to 28 U.S.C. § 1407. In granting this nearly unanimous request, the Panel recognized the following common issue presented by the parties: "These actions share questions

[1] https://www.fda.gov/Drugs/DrugSafety/ucm223966.htm

of fact arising out of the allegation that gadolinium based contrast dyes may cause nephrogenic systemic fibrosis in patients with impaired renal function." *In re: Gadolinium Contrast Dyes Prod. Liab. Litig.*, 536 F. Supp. 2d 1380, 1381 (J.P.M.L. 2008). Not surprisingly, the MDL grew to over 500 cases, because any patient diagnosed with this rare disease was likely to research the disease, discover the litigation, and file a lawsuit. That MDL was closed in 2015, with only one case having proceeded to trial.

In contrast to the NSF litigation, Movants (other than *White*) do not allege impaired kidney function, but do allege a multitude of varying symptoms that contradict the medical literature and scientific research conducted to date. Specifically, the peer-reviewed epidemiological studies completed to date confirm that there is no association between trace amounts of retained gadolinium and any alleged health consequences in patients with normal renal function. *See, e.g.,* Welk et al., *Association Between Gadolinium Contrast Exposure and the Risk of Parkinsonism*, 316 J. Am. Med. Assoc. 96 (2016) (finding no significant association between gadolinium exposure and parkinsonism in a study of 245,557 patients over a 10-year period). Similarly, FDA stated in 2015 and reiterated in 2017 that there are no known adverse effects resulting from trace amounts of retained gadolinium. (Bayer Br., ECF 46, at 2, n. 2.) This lack of scientific support may explain why two years after the first lawsuit was filed, only about two dozen cases have been filed in total, with only five cases against GEHC in the schedule of actions.

Accordingly, the lack of a recognized disease, the lack of common questions of fact, and the lack of uniformity among the parties in seeking centralization highlight the differences between MDL No. 1909 and the centralization sought here.

B. Plaintiffs' Alleged Injuries Require Individualized Scrutiny And Different Experts

Contrary to Movants' contention that all 21 cases involve "widespread fibrosis" or any other similar symptoms, (Br., ECF 1-1, at 6), a review of the five GEHC plaintiffs demonstrates that individual questions of fact predominate. Further, each case involves specific legal issues that should be addressed pursuant to each plaintiff's respective state law. As demonstrated by the following table, each plaintiff alleges unique injuries that will require highly individualized discovery:

Case	Status	Alleged Injuries
White v. GE Healthcare Inc., et al., No. 1:17-00212 (N.D. Ohio)	In discovery	Nephrogenic Systemic Fibrosis with kidney disease (Compl. ¶¶ 16, 18, ECF 1-24, at 10).
Walton v. GE Healthcare Inc., et al., No. 2:18-00605 (D. Or.)	Pre-discovery (early MSJ anticipated on statute of limitations)	Burning sensation, severe itching sensation, rashes, joint pain, elevated body temperature, and development of tumors (Compl. ¶ 33, ECF 1-26, at 15).
Miller v. GE Healthcare Inc., et al., No. 3:18-00113 (S.D. Ohio)	Motion to Dismiss pending (parties have also conferred on statute of limitations issue; early MSJ anticipated)	Skin discoloration, back pain, anxiety, cognitive impairment, confusion, memory loss, joint pain, muscle weakness, fatigue, tinnitus, headaches, rashes, and blood in urine (Compl. ¶ 40, ECF 1-25, at 22).
Javens v. GE Healthcare Inc., et al., No. 1:18-01030 (D. Del.)	Stipulated transfer from D. Mass. to D. Del. before GEHC filed motion to transfer	Cognitive impairment, burning sensation on her skin, heart palpitations, pain throughout her body (Compl. ¶ 10, ECF 1-14, at 14).
Viruet v. GE Healthcare Inc., et al., No. 1:18-11611 (D. Mass.)	Filed July 31, 2018, not served	Retained gadolinium / "fibrosis in her organs, skin and bones" (Compl. ¶ 17, ECF 1-20, at 7.)

Along with the vast disparity in injuries alleged by these plaintiffs requiring individualized discovery, each case presents additional unique issues.[2]

As noted, *White* (Complaint at ECF 1-24) alleges a diagnosis of NSF in a patient with kidney impairment. GEHC disputes the accuracy of the decedent's alleged diagnosis of NSF, allegedly rendered by a family practice physician, rather than by a dermatologist qualified to diagnose that condition. Moreover, discovery against GEHC related to NSF claims was completed in the now-closed MDL No. 1909, and there is no need to coordinate a single remaining alleged NSF case with any of the claims brought by plaintiffs with normal renal function claiming a host of varied other alleged injuries. This case suffers from a host of legal challenges, including challenges to a claim of failure to warn, that should be judged on its own merits and not included in an MDL regarding entirely different conditions alleged by Movants with no kidney impairment.

The other four Movants' medical histories are also vastly different. *Walton* (Complaint at ECF 1-26), for example, suffered multiple traumatic brain injuries before she developed the symptoms she now claims are related to gadolinium retention. Further, based on her public social media posts tying her alleged symptoms to retained gadolinium years before she filed her lawsuit, GEHC has strong arguments that her claim is time-barred under Oregon law.

[2] GEHC has two additional tag-along cases that were filed shortly after Movants' Petition. Setting aside the NSF case inexplicably included in the Schedule of Actions (*White*), GEHC has three cases previously filed (*Walton*, *Miller*, and *Javens*) and three unserved cases (*Viruet* (Complaint at ECF 1-20), *Hollifield v. GE Healthcare, Inc., et. al,* No. 1:18-cv-11626 (D. Mass.), and *Pierik v. GE Healthcare, Inc., et al.,* 1:18-cv-11709 (D. Mass.)). None of these last three cases are filed in the venue where the Plaintiff resides, was allegedly injured, and was treated. Each, however, will require individualized analysis like the cases discussed herein.

Miller (Complaint at ECF 1-25) previously attributed various medical issues to mercury poisoning, had all of his fillings removed, and ran a blog called *Mercury Manifesto*. Regarding his current claims, he alleges his symptoms started nearly immediately (indicating, if true, a potential allergic reaction not a reaction to long-term retention), and has insisted on public social media that his symptoms are the result of retained gadolinium following an MRI with contrast for years before he filed this lawsuit. Again, under Ohio law, GEHC has strong arguments that his claim is time-barred.

Similarly in *Javens* (Complaint at ECF 1-14), the plaintiff appears to have been on notice of her alleged injuries and the alleged relationship to retained gadolinium for years before she filed her lawsuit. GEHC has not yet been served in *Viruet* (Complaint at ECF 1-20),[3] which appears to have been filed in Massachusetts solely to support Movants' MDL petition.

Every case in which GEHC has obtained even minimal discovery has raised three significant issues: (1) the alleged injuries are each of a different nature such that MDL coordination is not warranted; (2) the pre-existing medical conditions and current alleged symptoms will require different experts to evaluate a host of implicated medical conditions and alleged symptoms; and (3) the applicable statute of limitation may bar each claim.[4] Further, how these various alleged symptoms fit within the known and disclosed adverse reactions or side

[3] Ms. Viruet, a Georgia resident, filed her case in the District of Massachusetts the same day that Movants filed this petition. GEHC has not yet had the opportunity to obtain any discovery on Ms. Viruet.

[4] This is likely so because it appears that many of the current plaintiffs represented by Cutter Law frequently posted on the website www.gadoliniumtoxicity.com, a gathering place for individuals with similar complaints, who have presented their allegations to FDA. Despite these presentations (including a Citizen's Petition to FDA), FDA has reiterated that there are no known harmful effects of gadolinium retention in patients with normal kidney function. (Bayer Br., ECF 46, at 2, n.2; Guerbet Brief, ECF 43, at 3, n.6.)

effects to Omniscan included on the Omniscan label will also differ significantly by plaintiff. Under these circumstances, centralization of these cases is not appropriate. *In re Ambulatory Pain Pump-Chondrolysis Prods. Liab. Litig.*, 709 F. Supp. 2d 1375, 1378 (J.P.M.L. 2010) (denying centralization where plaintiff-specific issues will "predominate, and remain likely to overwhelm any efficiencies that might be gained by centralization").

Finally, GEHC has not yet obtained discovery on a number of issues that will further highlight the individualized scrutiny required in these cases, including: (1) the number of GBCA scans and dosage for each scan; (2) when the scans occurred; (3) the medical reason for each scan; (4) the other medical conditions from which each plaintiff suffers; (5) when the alleged symptoms developed in relation to the specific scans (i.e., whether these are immediate, allergic reactions, or long-term complaints that developed only after long-term retention), and (6) how specific alleged symptoms will fit within the FDA-approved warnings for Omniscan in place at the time of each scan.

Each of these factors, both those known and those waiting to be discovered, highlight the individual case scrutiny necessary to properly adjudicate each plaintiff's claims. As a result, these cases should not be swept into consolidated proceedings in which these individual factors are not likely to receive adequate attention. Each judge presiding over these five GEHC cases is best positioned to consider the state-specific legal issues affecting these claims, rather than burdening a single judge to tackle the plaintiff-specific and state-specific analysis required in each of the GEHC cases—or worse, risk that these issues wait to be adjudicated, if ever, by being sent to the back of a larger MDL docket because other cases are procedurally more advanced. *See In re: Ne. Contaminated Beef Prod. Liab. Litig.*, 856 F. Supp. 2d 1354-1355 (J.P.M.L. 2012)

(denying centralization because "[i]ndividualized issues of causation concerning each plaintiff's injuries appear to predominate among the actions"); *see also In re Proton-Pump Inhibitor Prod. Liab. Litig.*, 273 F. Supp. 3d 1360, 1362 (J.P.M.L. 2017) (denying centralization of 15 actions and 24 tag-alongs where "the variety of kidney injuries alleged, combined with these differences among the drugs, significantly undermines any efficiency gains to be achieved from centralization.")

Accordingly, this Panel should deny Movants' motion to consolidate.

III. CENTRALIZATION WILL FRUSTRATE, NOT PROMOTE, THE JUST, SPEEDY, AND EFFICIENT DETERMINATION OF THESE ACTIONS

Centralization must "produce sufficient clarity or efficiency . . . to outweigh the added inconvenience, confusion and cost" associated with transferring disparate cases to one forum. *In re Uponor, Inc., F1960 Plumbing Fitting Products Liability Litig.*, 89 F. Supp. 2d 1346, 1349 (J.P.M.L. 2012). Here, however, in contrast to the plaintiff-specific issues set forth above that will be ignored in consolidated proceedings, centralization will provide minimal benefit, because (1) each sponsor has a unique product and regulatory history, (2) each case is in a different litigation posture, and (3) counsel for all parties already are coordinating informally.

A. Each Sponsor Has A Unique Product And Different Regulatory History

This Panel is reluctant "to centralize litigation against multiple, competing defendants which marketed, manufactured and sold [allegedly] similar products." *In re Watson Fentanyl Patch Prods. Liab. Litig.*, 883 F. Supp. 2d 1350, 1351 (J.P.M.L. 2012). Movants present no evidence to overcome that reluctance here. Each manufacturing defendant has a unique product, with a unique chemical compound, a unique regulatory history, differing approved uses and indications from the FDA, and unique reported adverse events throughout the life of each

product. (Bayer Br., ECF 46, at 1-2.) Further, FDA has noted that each of the defendants' products has a different rate of gadolinium retention. (*Id.*, at 2.)

These differences alone make centralization inappropriate. *See In re Proton-Pump Inhibitor*, 273 F. Supp. 3d at 1362 (denying centralization where named defendants varied from case to case and were competitors with different FDA-regulated products).

B. GEHC's Litigation Posture Is Dissimilar To Non-GEHC Cases, And Coordination Will Frustrate The Efficient Resolution Of All Cases

The Panel has also recognized that centralization will not promote judicial economy where—as here—certain actions are more advanced than others. *See, e.g.*, *In re: Dietgol Innovators, LLC ('561) Patent Litig.*, 999 F. Supp. 2d 1380, 1381 (J.P.M.L. 2014) ("The disparate progress of the actions, the heightened inconvenience that transfer may cause certain parties, and the history of dismissals in this litigation all weigh against centralization here. . . . Centralization likely will hinder the progress of the more advanced [cases].").

Movants contend that centralization is appropriate now because "none of the actions has resulted in production of documents or discovery of experts and other key witnesses." (Br., ECF 1-1, at 8.) Yet, Movants omit the fact that a general causation discovery schedule is already in place in the District of Arizona and proceeding expeditiously. Indeed, three cases in the District of Arizona that do not involve GEHC are proceeding with general causation discovery to consider whether there is any reliable, scientific evidence to support those plaintiffs' claims that their alleged symptoms are related to the trace amounts of gadolinium retention following FDA-approved doses of a GBCA. (Guerbet Br., ECF 43, at 7-8; Bayer Br., ECF 46, at 14; Bracco Br., ECF 44, at 13.)

In contrast, as noted in the chart above, GEHC has filed a motion to dismiss in *Miller* based on Ohio law and intends to file early motions for summary judgment in *Miller* (if necessary), *Walton*, and possibly *Javens*. Only plaintiff-focused discovery should be needed before the court in each case can consider the state-specific legal challenges to each plaintiff's claims.

In further contrast, while GEHC has not proceeded with general causation related to plaintiffs' allegations of retained gadolinium in any of these cases (as is proceeding in D. Ariz.), GEHC has previously collected and produced in prior litigation all documents related to the development and approval of Omniscan. Specifically, GEHC completed discovery and proceeded to trial in MDL No. 1909 in one case, *Decker v. GE Healthcare Inc.*, 770 F.3d 378, 382 (6th Cir. 2014), and thus completed more discovery regarding the development of its GBCA than did other sponsors in MDL No. 1909. As a result, GEHC has already compiled all of the documents related to the development and initial approval of Omniscan by FDA and prepared millions of pages of documents for production. Further, many of the individuals involved in the development of Omniscan have already been deposed. Thus, the scope of GEHC's discovery must be narrowly tailored in any future litigation regardless of new allegations raised by plaintiffs related to retained gadolinium in patients with normal kidney function.

GEHC's litigation posture, therefore, is wholly dissimilar to other defendants (1) who are currently engaging in general causation discovery that GEHC has not commenced in any case; and (2) who have not engaged in full discovery related to the historical design, development, and approval of their respective GBCA, which GEHC has already completed.

GEHC should not be forced to coordinate its proceedings with other defendants when the needs of the five GEHC cases call for entirely different approaches to the plaintiff-specific issues in each case and, if general discovery proceeds, will require narrowly tailored discovery due to GEHC's prior completion of significant discovery in MDL No. 1909. Nor should GEHC's request for early state-specific legal analyses prevent other defendants from proceeding with general causation discovery that could result in efficient determination of their cases.

In all, Movants' request for centralization will only frustrate the fundamental purpose of the Federal Rules of Civil Procedure—as set forth in Rule 1—by halting general-causation discovery in some cases and preventing state-specific legal analyses and plaintiff-specific expert analyses required in the remaining cases. Therefore, these cases should not be consolidated. *In re: Invokana*, 223 F.Supp.3d at 1348 (denying request for multi-defendant centralization that could require "separate discovery and motion tracks, as well as the need for additional bellwether trials"); *see also In re Aredia & Zometa Prods. Liab. Litig.*, 429 F. Supp. 2d 1371, 1372 (J.P.M.L. 2006) (refusing to consolidate claims against five different manufacturers because "movants have failed to persuade us that any common questions of fact between the actions against [one defendant] and the actions against the other defendants are sufficiently numerous to justify Section 1407 transfer").

C. All Counsel Are Coordinating Informally As Needed

As noted by Bayer, the vast majority of cases involve the same plaintiff law firm, Cutter Law. (Bayer Br., ECF 46, at 3.) Thus, there is no need for Movants' counsel to coordinate with themselves. *In re Ocala Funding, LLC, Commercial Litig.*, 867 F. Supp. 2d 1332, 1332-33 (J.P.M.L. 2012) (declining to establish MDL where plaintiffs were "represented by common

counsel"); *In re Dollar Tree Stores, Inc., FLSA & Wage & Hour Litig.*, 829 F. Supp. 2d 1376, 1377 (J.P.M.L. 2011) ("informal cooperation to avoid duplicative proceedings is appropriate where most plaintiffs share counsel").

Further, when several cases were being transferred out of the Northern District of California due to a lack of jurisdiction, GEHC offered to stipulate to transfer all then-pending cases against GEHC to the District of Delaware. (Bayer Br., Ex. 7, ECF 46-8, at 2.) Movants' counsel flatly refused. (*Id.*) Subsequently, counsel stipulated to transfer *Javens* to the District of Delaware, away from the District of Massachusetts, after GEHC notified counsel of its intent to move to transfer *Javens* to the Western District of Pennsylvania (the district in which *Javens* resides). Counsel for Movants' refusal to stipulate to transfer more than one case to the District of Delaware calls into question Movants' motives in now seeking an MDL, particularly when compared to the case-specific discovery and analysis set forth above that will occur without an MDL. *See In re CVS Caremark Corp. Wage & Hour Emp't Practices Litig.*, 684 F. Supp. 2d 1377, 1379 (J.P.M.L. 2010) ("[W]here a Section 1407 motion appears intended to further the interests of particular counsel more than those of the statute, we would certainly find less favor with it.").

Still further, national counsel for the defendants and Movants' counsel have had no difficulty coordinating efforts to avoid duplication, including submitting joint case management orders, joining in briefs filed by other parties, serving consolidated discovery requests, and jointly proposing an ESI protocol that could be entered in each case, as needed. (Bayer Br., ECF 46, at 15.)

Finally, Movants speculate that hundreds of cases will be filed, even though the schedule of actions lists only 21 cases two years after the first case was filed. The Panel consistently has rejected predictions of potential future filings as a basis for centralization. *See, e.g., In re Cal. Wine Inorganic Arsenic Levels Prods. Liab. Litig.*, 109 F. Supp. 3d 1362, 1363 (J.P.M.L. 2015) ("Where only a minimal number of actions are involved, the proponent of centralization bears a heavier burden to demonstrate that centralization is appropriate . . . . Although plaintiffs assert that the number of actions is likely to expand, the mere possibility of additional actions does not convince us that centralization is warranted."); *In re Qualitest Birth Control Prods. Liab. Litig.*, 38 F. Supp. 3d 1388, 1389 (J.P.M.L. 2014) ("As we have stated previously, 'we are disinclined to take into account the mere possibility of future filings in our centralization calculus.'"); *In re Intuitive Surgical, Inc., Da Vinci Robotic Surgical Sys. Prods. Liab. Litig.*, 883 F. Supp. 2d 1339, 1340 (J.P.M.L. 2012) ("While proponents maintain that this litigation may encompass 'hundreds' of cases or 'over a thousand' cases, we are presented with, at most, five actions.").

Further, given this low volume of cases now three years after FDA issued its first pronouncement regarding gadolinium retention in 2015, "the likelihood that additional actions will be filed . . . seems low." *In re: Ne. Contaminated Beef*, 856 F. Supp. 2d at 1355.

Accordingly, centralization of GEHC's five (5) cases is not only unnecessary but also will frustrate GEHC's ability to have each of its cases adjudicated on its individual merits. Instead, through the centralization Movants seek, GEHC may be forced to wait at the back of the docket while the more procedurally advanced cases proceed. [5]

[5] If an MDL is created over defendants' objections, GEHC joins Bayer in proposing the District of Delaware, where GE and GE Healthcare Inc. are incorporated and *Javens* is pending. (Bayer Br., ECF 46, at 17-18.) GEHC otherwise does not object to the venue offered by Guerbet

CONCLUSION

None of the five GEHC plaintiffs allege similar injuries, and all of the claims in which GEHC has obtained even minimal discovery are likely to be time-barred under each plaintiff's respective state law. These issues are too diverse for centralization, and the significant legal challenges to these five cases should not be swept into an MDL in which they may never receive the case-specific treatment they deserve and to which GEHC is entitled. Therefore, GEHC respectfully requests that the Panel deny Movants' request for centralization.

Dated: August 23, 2018

Respectfully submitted,

s/ Michael L. O'Donnell
Michael L. O'Donnell
Jeremy A. Moseley
Wheeler Trigg O'Donnell LLP
370 Seventeenth Street, Suite 4500
Denver, CO 80202-5647
Telephone: 303.244.1800
Facsimile: 303.244.1879
Email: odonnell@wtotrial.com
moseley@wtotrial.com

Attorneys for Defendants
GE Healthcare Inc. and General Electric Company

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and Bracco. (Guerbet Br., ECF 43, at 15-17; Bracco Br., ECF 43, at 18.) However, GEHC objects to the venues requested by Plaintiffs and the Interested Party Plaintiffs for the reasons stated by Bayer and Bracco, respectively. (Bayer Br., ECF 46, at 19-20; Bracco Br., ECF 43, at 17-18.) Further, contrary to Plaintiffs' implication (ECF 42, at 3), none of the Life Sciences Core Imaging division of GEHC is based in Chicago, meaning that no relevant witnesses or documents are located in Illinois.

BEFORE THE UNITED STATES JUDICIAL PANEL
ON MULTI DISTRICT LITIGATION

IN RE LINEAR GADOLINIUM-BASED CONTRAST AGENTS PRODUCTS LIABILITY LITIGATION	)	MDL DOCKET NO. 2868

PROOF OF SERVICE

I hereby certify that on August 23, 2018, a copy of the foregoing **DEFENDANTS GE HEALTHCARE INC. AND GENERAL ELECTRIC'S OPPOSITION TO PLAINTIFFS' MOTION FOR TRANSFER OF ACTIONS PURSUANT TO 28 U.S.C. § 1407** was served upon the following counsel by electronic mail:

Thomas N. Sterchi
sterchi@bscr-law.com

James Reginald Reilly
jreilly@gordonrees.com, fchow@gordonrees.com, kpeters@gordonrees.com

Robb W Patryk
robb.patryk@hugheshubbard.com

Rodney Michael Hudson (Terminated)
rodney.hudson@dbr.com, Rodney.hudson@dbr.com

Habib Nasrullah
nasrullah@wtotrial.com, garrison@wtotrial.com, plimpton@wtotrial.com, roman@wtotrial.com, stalzer@wtotrial.com, wallace@wtotrial.com

Todd A. Walburg
twalburg@cutterlaw.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Jennifer Greenblatt
jgreenblatt@goldmanismail.com, pramos@goldmanismail.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Andrew Lawrence Goldman
agoldman@goldmanismail.com
Edward James Dumoulin
edumoulin@goldmanismail.com

Brian Joseph Mooney
bmooney@gordonrees.com

Peter J. Turcotte
pturcotte@grsm.com

Paul Scott Penticuff
penticuff@bscr-law.com

Andrew Bouriat
andrew.bouriat@hugheshubbard.com

Melissa Dziak
mdziak@c-wlaw.com

Thomas Sterchi
sterchi@bscr-law.com

Allyson M. Julien
ajulien@goldmanismail.com

NYE/1:18-cv-02134 Notice has been electronically mailed to:

c/o Thomas Ailbe Rector
Merry X-Ray Chemical Corporation
4444 Viewridge Avenue
Sand Diego, CA 92123

AZ/2:18-cv-01778 Notice has been electronically mailed to:

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Curt William Clausen
curt@cwazlaw.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

AZ/2:18-cv-01778 Notice has been electronically mailed to:

c/o Jennifer Laura Greenblatt
Bayer Corporation
CSC Lawyers Inc.
2710 Gateway Oaks Drive
Suite 150n
Sacramento, CA 95833

c/o Jennifer Laura Greenblatt
Bayer Healthcare LLC
CSC Lawyers Inc.
2710 Gateway Oaks Drive
Suite 150n
Sacramento, CA 95833

c/o Jennifer Laura Greenblatt
Bayer Healthcare Pharmaceuticals, Inc.
c/o Corporation Service Co.
2710 Gateway Oaks Drive
Suite 150N
Sacramento, CA 95833

c/o Thomas Sterchi
Bracco Diagnostics Incorporated
CT Corporation
818 W. Seventh Street
Suite 930
Los Angeles, CA 90017

c/o Jamie Kendall
Guerbet LLC
CT Corporation
818 W. Seventh Street
Suite 930
Los Angeles, CA 90017

c/o Jamie Kendall
Liebel-Flarsheim Company LLC
CT Corporation
818 West Seventh Street
Suite 930

Los Angeles, CA 90017

c/o Devin K. Ross
Mallinckrodt Incorporated
CT Corporation
818 Seventh Street
Suite 930
Los Angeles, CA 90017

c/o Devin K. Ross
Mallinckrodt LLC
CT Corporation
818 West Seventh Street
Suite 930
Los Angeles, CA 90017

OHN/1:18-cv-00802 Notice has been electronically mailed to:

John Q Lewis
john.lewis@tuckerellis.com, carrie.lange@tuckerellis.com, docket-lax@tuckerellis.com, joshua.wes@tuckerellis.com, mollie.benedict@tuckerellis.com, monee.hanna@tuckerellis.com, nicholas.janizeh@tuckerellis.com, peter.choate@tuckerellis.com, rae.latch@tuckerellis.com, timothy.milbrodt@tuckerellis.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Craig S. Tuttle
ctuttle@leesebergvalentine.com

Jennifer Greenblatt
jgreenblatt@goldmanismail.com, pramos@goldmanismail.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Andrew Lawrence Goldman
agoldman@goldmanismail.com

Edward James Dumoulin
edumoulin@goldmanismail.com

Madeline Dennis
madeline.dennis@tuckerellis.com
OHN/1:18-cv-00802 Notice has been electronically mailed to:

c/o Habib Nasrullah
McKesson Corporation
2710 Gateway Oaks Drive, Suite 150N
Sacramento, CA 95833

c/o Habib Nasrullah
McKesson Medical-Surgical Inc.
CSC Lawyers, Inc.
2710 Gateway Oaks Drive
150N
Sacramento, CA 95833

AZ/2:18-cv-01157 Notice has been electronically mailed to:

Patrick Xavier Fowler (Terminated)
pfowler@swlaw.com

Rodney Michael Hudson
rodney.hudson@dbr.com, Rodney.hudson@dbr.com

Brian W Shaffer
brian.shaffer@morganlewis.com

Habib Nasrullah
nasrullah@wtotrial.com, garrison@wtotrial.com, plimpton@wtotrial.com, roman@wtotrial.com, stalzer@wtotrial.com, wallace@wtotrial.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Devin Kyle Ross (Terminated)
dkross@shb.com, ckirk@shb.com

Christina Marie Vitale
christina.vitale@morganlewis.com

Curt William Clausen
curt@cwazlaw.com

Robert Thomas Adams (Terminated)

rtadams@shb.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Brad Michael Welsh
bwelsh@tkfirm.com

Jamie Kendall
jkendall@tkfirm.com

FLS/1:18-cv-21396 Notice has been electronically mailed to:

Thomas N. Sterchi
sterchi@bscr-law.com

James Reginald Reilly
jreilly@gordonrees.com, fchow@gordonrees.com, kpeters@gordonrees.com

Brian W Shaffer
brian.shaffer@morganlewis.com

Robert Jason Richards
jrichards@awkolaw.com, cduer@awkolaw.com, rvasquez@awkolaw.com

Jordan Scott Cohen
jcohen@wickersmith.com

Todd A. Walburg
twalburg@cutterlaw.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Devin Kyle Ross
dkross@shb.com, ckirk@shb.com

Margot P Cutter
mcutter@cutterlaw.com

Jamie Kendall
jkendall@tkfirm.com

Brian Joseph Mooney
bmooney@grsm.com

Peter J. Turcotte
pturcotte@grsm.com

Paul Scott Penticuff
penticuff@bscr-law.com

Michael A. De Giovanni
michael.degiovanni@morganlewis.com

Devin Arnold Moss
dmoss@shb.com

FLS/1:18-cv-21396 Notice has been electronically mailed to:

c/o Thomas Sterchi
Bipso GMBH
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Group
259 Prospect Plains Road
Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Imaging Group
259 Prospect Plains Road
Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Imaging, S.P.A.
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Research USA, Inc.
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Devin K. Ross
Enterprise Holdings, Inc. dba Mallinckrodt Pharmac
675 McDonnell Blvd.
Hazelwood, MO 63042

c/o Devin K. Ross
Mallinckrodt Manufacturing LLC
675 McDonnell Blvd.
Hazelwood, MO 63042

c/o Habib Nasrullah
McKesson Corporation
2710 Gateway Oaks Drive, Suite 150N
Sacramento, CA 95833

c/o Habib Nasrullah
McKesson Medical-Surgical Inc.
CSC Lawyers, Inc.
2710 Gateway Oaks Drive
150N
Sacramento, CA 95833

c/o Thomas Ailbe Rector
Merry X-Ray Chemical Corporation
4444 Viewridge Avenue
Sand Diego, CA 92123

CAN/3:17-cv-07026 Notice has been electronically mailed to:

Rodney Michael Hudson
rodney.hudson@dbr.com, Rodney.hudson@dbr.com

Amir Nassihi
anassihi@shb.com, SFDistribution@shb.com, cishihara@shb.com

Todd A. Walburg
twalburg@cutterlaw.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Emma E Garrison
garrison@wtotrial.com

Kenneth Frederick Baum
kbaum@goldmanismail.com

Jennifer Greenblatt
jgreenblatt@goldmanismail.com, pramos@goldmanismail.com

Margot P Cutter
mcutter@cutterlaw.com

Andrew Lawrence Goldman
agoldman@goldmanismail.com

Edward James Dumoulin
edumoulin@goldmanismail.com

Thomas Ailbe Rector
Thomas.Rector@lewisbrisbois.com

Shoba Dandillaya
Shoba.Dandillaya@lewisbrisbois.com

Kristen K. Barton
kbarton@gomeztrialattorneys.com

FLM/8:18-cv-00850 Notice has been electronically mailed to:

Rodney Michael Hudson
rodney.hudson@dbr.com, Rodney.hudson@dbr.com

R. Jason Richards
jrichards@awkolaw.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Andrew Russell Kruppa
andrew.kruppa@squirepb.com

Jennifer Greenblatt
jgreenblatt@goldmanismail.com, pramos@goldmanismail.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Andrew Lawrence Goldman
agoldman@goldmanismail.com

Edward James Dumoulin
edumoulin@goldmanismail.com

FLM/8:18-cv-00850 Notice has been electronically mailed to:

c/o Habib Nasrullah
McKesson Corporation
2710 Gateway Oaks Drive, Suite 150N
Sacramento, CA 95833

c/o Habib Nasrullah
McKesson Medical-Surgical Inc.
CSC Lawyers, Inc.
2710 Gateway Oaks Drive
150N
Sacramento, CA 95833

c/o Thomas Ailbe Rector
Merry X-Ray Chemical Corporation
4444 Viewridge Avenue
Sand Diego, CA 92123

CAN/3:18-cv-00811 Notice has been electronically mailed to:

Rodney Michael Hudson
rodney.hudson@dbr.com, Rodney.hudson@dbr.com

Todd A. Walburg
twalburg@cutterlaw.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Emma E Garrison
garrison@wtotrial.com

Kenneth Frederick Baum
kbaum@goldmanismail.com

Jennifer Greenblatt
jgreenblatt@goldmanismail.com, pramos@goldmanismail.com

Margot P Cutter
mcutter@cutterlaw.com

Andrew Lawrence Goldman
agoldman@goldmanismail.com

Edward James Dumoulin
edumoulin@goldmanismail.com

Thomas Ailbe Rector
Thomas.Rector@lewisbrisbois.com

Shoba Dandillaya
Shoba.Dandillaya@lewisbrisbois.com

CAN/3:18-cv-00811 Notice has been electronically mailed to:

c/o Jennifer Laura Greenblatt
Bayer Pharma AG
100 Bayer Road
Building 4
Pittsburgh, PA 15205

c/o Habib Nasrullah
McKesson Medical-Surgical Inc.
CSC Lawyers, Inc.
2710 Gateway Oaks Drive
150N
Sacramento, CA 95833

DE/1:18-cv-01030 Notice has been electronically mailed to:

Christopher B Parkerson
cparkerson@campbell-trial-lawyers.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Kimberly Dougherty
kim.dougherty@andruswagstaff.com, jessie.tran@andruswagstaff.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

OHS/3:18-cv-00113 Notice has been electronically mailed to:

Anne M. Valentine
avalentine@leesebergvalentine.com

Brian W Shaffer
brian.shaffer@morganlewis.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Devin Kyle Ross
dkross@shb.com, ckirk@shb.com

J. Philip Calabrese
pcalabrese@porterwright.com, pcalabrese@ssd.com

Wendy West Feinstein
wendy.feinstein@morganlewis.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Jamie Kendall
jkendall@tkfirm.com

Kevin Michael Benedicto
kevin.benedicto@morganlewis.com

Jeremy Andrew Moseley
moseley@wtotrial.com

Michael Lawrence O'Donnell
Odonnell@wtotrial.com

Justin James Joyce
jjoyce@porterwright.com

Frederick Michael Erny
ferny@ulmer.com

OHS/3:18-cv-00113 Notice has been electronically mailed to:

c/o Devin K. Ross
Enterprise Holdings, Inc. dba Mallinckrodt Pharmac
675 McDonnell Blvd.
Hazelwood, MO 63042

c/o Devin K. Ross
Mallinckrodt Manufacturing LLC
675 McDonnell Blvd.
Hazelwood, MO 63042

c/o Habib Nasrullah
McKesson Corporation
2710 Gateway Oaks Drive, Suite 150N
Sacramento, CA 95833

c/o Habib Nasrullah
McKesson Medical-Surgical Inc.
CSC Lawyers, Inc.
2710 Gateway Oaks Drive
150N
Sacramento, CA 95833

c/o Thomas Ailbe Rector
Merry X-Ray Chemical Corporation
4444 Viewridge Avenue
Sand Diego, CA 92123

CAN/3:18-cv-04314 Notice has been electronically mailed to:

Thomas N. Sterchi
sterchi@bscr-law.com

Todd A. Walburg
twalburg@cutterlaw.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com
Emma E Garrison
garrison@wtotrial.com

Margot P Cutter
mcutter@cutterlaw.com

Brian Joseph Mooney
bmooney@grsm.com

Peter J. Turcotte
pturcotte@grsm.com

Paul Scott Penticuff
penticuff@bscr-law.com

CAN/3:18-cv-04314 Notice has been electronically mailed to:

c/o Thomas Sterchi
Bipso GMBH
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Group
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Imaging Group
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Imaging, S.P.A.
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Research USA, Inc.
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Thomas Ailbe Rector
Merry X-Ray Chemical Corporation
4444 Viewridge Avenue
Sand Diego, CA 92123

OR/2:18-cv-00605 Notice has been electronically mailed to:

Leslie W. O'Leary
loleary@justicelawyers.com

Nancy Mae Erfle
nerfle@gordonrees.com, ssaxton@gordonrees.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Jeremy Andrew Moseley
moseley@wtotrial.com

Michael Lawrence O'Donnell
Odonnell@wtotrial.com, odonnell@wtotrial.com

OR/2:18-cv-00605 Notice has been electronically mailed to:

c/o Habib Nasrullah
McKesson Corporation
2710 Gateway Oaks Drive, Suite 150N
Sacramento, CA 95833

c/o Habib Nasrullah
McKesson Medical-Surgical Inc.
CSC Lawyers, Inc.
2710 Gateway Oaks Drive
150N
Sacramento, CA 95833

c/o Thomas Ailbe Rector
Merry X-Ray Chemical Corporation
4444 Viewridge Avenue
Sand Diego, CA 92123

MA/1:18-cv-10694 Notice has been electronically mailed to:

Rodney Michael Hudson (Terminated)
rodney.hudson@dbr.com, Rodney.hudson@dbr.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Kimberly Dougherty
kim.dougherty@andruswagstaff.com, jessie.tran@andruswagstaff.com

Charlotte L. Bednar
cbednar@eckertseamans.com

Jennifer Greenblatt
jgreenblatt@goldmanismail.com, pramos@goldmanismail.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Andrew Lawrence Goldman
agoldman@goldmanismail.com

Edward James Dumoulin
edumoulin@goldmanismail.com

FLS/4:18-cv-10054 Notice has been electronically mailed to:

Thomas N. Sterchi
sterchi@bscr-law.com

James Reginald Reilly
jreilly@gordonrees.com, fchow@gordonrees.com, kpeters@gordonrees.com

Robert Jason Richards
jrichards@awkolaw.com, cduer@awkolaw.com, rvasquez@awkolaw.com

Jordan Scott Cohen
jcohen@wickersmith.com

Todd A. Walburg
twalburg@cutterlaw.com
Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Brian Joseph Moone
bmooney@grsm.com

Peter J. Turcotte
pturcotte@grsm.com

Paul Scott Penticuff
penticuff@bscr-law.com

FLS/4:18-cv-10054 Notice has been electronically mailed to:

c/o Thomas Sterchi
Bipso GMBH
259 Prospect Plains Road
Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Group
259 Prospect Plains Road
Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Imaging Group
259 Prospect Plains Road
Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Imaging, S.P.A.
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Thomas Sterchi
Bracco Research USA, Inc.
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

c/o Habib Nasrullah
McKesson Corporation
2710 Gateway Oaks Drive, Suite 150N
Sacramento, CA 95833

c/o Habib Nasrullah
McKesson Medical-Surgical Inc.
CSC Lawyers, Inc.
2710 Gateway Oaks Drive
150N
Sacramento, CA 95833

c/o Thomas Ailbe Rector
Merry X-Ray Chemical Corporation
4444 Viewridge Avenue
Sand Diego, CA 92123

KS/2:18-cv-02245 Notice has been electronically mailed to:

Thomas N. Sterchi
sterchi@bscr-law.com

R. Douglas Gentile
dgentile@rousefrets.com

Angela M Higgins
higgins@bscr-law.com, mcarrillo@bscr-law.com

Todd A. Walburg
twalburg@cutterlaw.com

Paul Scott Penticuff
penticuff@bscr-law.com

Craig R. May (Terminated)
may@wtotrial.com

Randall L. Rhodes
rrhodes@rousefrets.com

Rachel Nelson Boden
rboden@rousefrets.com

AZ/2:18-cv-01159 Notice has been electronically mailed to:

Patrick Xavier Fowler
pfowler@swlaw.com

Brian W Shaffer
brian.shaffer@morganlewis.com

Habib Nasrullah
nasrullah@wtotrial.com, garrison@wtotrial.com, plimpton@wtotrial.com, roman@wtotrial.com, stalzer@wtotrial.com, wallace@wtotrial.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Devin Kyle Ross
dkross@shb.com, ckirk@shb.com

Christina Marie Vitale
christina.vitale@morganlewis.com

Curt William Clausen
curt@cwazlaw.com

Robert Thomas Adams
rtadams@shb.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Brad Michael Welsh
bwelsh@tkfirm.com

Jamie Kendall
jkendall@tkfirm.com

AZ/2:18-cv-01159 Notice has been electronically mailed to:

c/o Emma Garrison
Emma Elizabeth Garrison
Wheeler Trigg ODonnell LLP
370 17th St., Ste. 4300
Denver, CO 80202

NYS/1:18-cv-03246 Notice has been electronically mailed to:

Robb W Patryk
patryk@hugheshubbard.com

Rodney Michael Hudson
rodney.hudson@dbr.com, Rodney.hudson@dbr.com

Habib Nasrullah
nasrullah@wtotrial.com, garrison@wtotrial.com, plimpton@wtotrial.com, roman@wtotrial.com, stalzer@wtotrial.com, wallace@wtotrial.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Jennifer Greenblatt
jgreenblatt@goldmanismail.com, pramos@goldmanismail.com

Todd Alan Walburg
twalburg@cutterlaw.com

Margot P Cutter
mcutter@cutterlaw.com

Andrew Lawrence Goldman
agoldman@goldmanismail.com, tismail@goldmanismail.com

Edward James Dumoulin
edumoulin@goldmanismail.com

Andrew Bouriat
andrew.bouriat@hugheshubbard.com

NYS/1:18-cv-03246 Notice has been electronically mailed to:

c/o Thomas Ailbe Rector
Merry X-Ray Chemical Corporation
4444 Viewridge Avenue
Sand Diego, CA 92123

OHS/1:17-cv-00212 Notice has been electronically mailed to:

John W Elder
jwe@painetar.com, rkk@painetar.com

J. Philip Calabrese
pcalabrese@porterwright.com, pcalabrese@ssd.com

Catherine Darcy Copeland Jalandoni
djalandoni@porterwright.com

Taylor A. Williams
taw@painebickers.com

OHS/1:17-cv-00212 Notice has been electronically mailed to:

c/o J. Phillip Calabrese
GE Healthcare AS
191 Rosa Parks St.
12 W-02-12
Cincinnati, OH 45202

CAN/3:18-cv-03077 Notice has been electronically mailed to:

Rodney Michael Hudson
rodney.hudson@dbr.com, Rodney.hudson@dbr.com

Todd A. Walburg
twalburg@cutterlaw.com

Curtis Brooks Cutter
bcutter@cutterlaw.com, aellis@cutterlaw.com, ccutter@cutterlaw.com, jdomer@cutterlaw.com, jparker@cutterlaw.com, masstorts@cutterlaw.com, mthompson@cutterlaw.com

Emma E Garrison
garrison@wtotrial.com

Jennifer Greenblatt
jgreenblatt@goldmanismail.com, pramos@goldmanismail.com
Margot P Cutter
mcutter@cutterlaw.com

MA/1:18-cv-11611 Notice has been electronically mailed to:

Anne M. Valentine
avalentine@leesebergvalentine.com

Kimberly Dougherty
kim.dougherty@andruswagstaff.com, jessie.tran@andruswagstaff.com

MA/1:18-cv-11611 Notice has been electronically mailed to:

c/o Jennifer Laura Greenblatt
Bayer Corporation
100 Bayer Road
Pittsburgh, PA 15205

c/o Jennifer Laura Greenblatt
Bayer Healthcare LLC
100 Bayer Road
Pittsburgh, PA 15205

c/o Jennifer Laura Greenblatt
Bayer Healthcare Pharmaceuticals, Inc.
100 Bayer Road
Building 4
Pittsburgh, PA 15205

c/o J. Phillip Calabrese
GE Healthcare, Inc.
191 Rosa Parks St.
12W-02-12
Cincinnati, OH 45202

c/o J. Phillip Calabrese
General Electric Company
191 Rosa Parks St.
12W-02-12
Cincinnati, OH 45202

CAN/4:18-cv-04146 Notice has been electronically mailed to:

Edward A Wallace
eaw@wexlerwallace.com, ecf@wexlerwallace.com

John H Gomez
john@gomeztrialattorneys.com

Kristen K. Barton
kbarton@gomeztrialattorneys.com

Andrew Douglas Welker
adw@wexlerwallace.com

CAN/4:18-cv-04146 Notice has been electronically mailed to:

c/o Jennifer Laura Greenblatt
Bayer Corporation
100 Bayer Road
Pittsburgh, PA 15205

c/o Jennifer Laura Greenblatt
Bayer Healthcare LLC
100 Bayer Road
Pittsburgh, PA 15205

c/o Jennifer Laura Greenblatt
Bayer Healthcare Pharmaceuticals Inc
100 Bayer Boulevard
Whippany, NJ 07981

FLS/1:18-cv-21396 Notice will be mailed to:

Acist Medical Systems, Inc.
CT Corporation
818 W. 7th St.
Suite 930
Los Angeles, CA 90017

Takeda GMBH
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

Kevin Liu
Gordon & Rees Scully Mansukhani LLP
275 Battery Street, Suite 2000
San Francisco, CA 94111

Kevin Michael Benedicto
Morgan, Lewis and Bockius LLP
One Market, Spear Street Tower
San Francisco, CA 94105

CAN/3:18-cv-04314 Notice will be mailed to:

Acist Medical Systems, Inc.
CT Corporation
818 W. 7th St.
Suite 930
Los Angeles, CA 90017

Takeda GMBH
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

FLS/4:18-cv-10054 Notice will be mailed to:

Acist Medical Systems, Inc.
CT Corporation
818 W. 7th St.
Suite 930
Los Angeles, CA 90017

Takeda GMBH
259 Prospect Plains Road, Bdl H
Monroe Township, NJ 08831

Kevin Liu
Gordon & Rees Scully Mansukhani LLP
275 Battery Street, Suite 2000
San Francisco, CA 94111

AZ/2:18-cv-01159 Notice will be mailed to:

Kevin Michael Benedicto
Morgan Lewis & Bockius LLP - San Francisco, CA
Spear Street Tower
1 Market St.
San Francisco, CA 94105

OHS/1:17-cv-00212 Notice will be mailed to:

Donna White
1809 Gardenia #5
Royal Oak, MI 48067

Dated: August 23, 2018

Respectfully submitted,

s/ Michael L. O'Donnell

Michael L. O'Donnell
Jeremy A. Moseley
Wheeler Trigg O'Donnell LLP
370 Seventeenth Street, Suite 4500
Denver, CO 80202-5647
Telephone: 303.244.1800
Facsimile: 303.244.1879
Email: odonnell@wtotrial.com
moseley@wtotrial.com

Attorneys for Defendants
GE Healthcare Inc. and General Electric Company