

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE: ALLERGAN BIOCELL
TEXTURED BREAST IMPLANT
PRODUCTS LIABILITY LITIGATION

MEAGAN JOPLIN and O.J.E. (a minor)
(Plaintiffs)

No.

MDL NO. 2921

Honorable Brian R. Martinotti
District Court Judge

Honorable Edward S. Kiel
Magistrate Judge

MASTER SHORT-FORM
COMPLAINT FOR PERSONAL
INJURIES, DAMAGES AND
DEMAND FOR JURY TRIAL

1. Plaintiffs Meagan Joplin and O.J.E. (a minor) hereby state and incorporate by reference all of the allegations contained in Plaintiffs' Master Long Form Complaint for Personal Injuries, Damages and Demand for Jury Trial ("Master Complaint") as permitted by Case Management Order No. 17 for cases filed directly into this district.

2. In addition to the below-indicated portions of the Master Complaint adopted by the plaintiff and incorporated by reference herein, Plaintiff hereby alleges as follows:

**IDENTIFICATION OF PLAINTIFFS AND RELATED INTERESTED
PARTIES**

3. Name and current residence of individual who is alleged to have suffered personal injuries and related damages due to implantation of one or more Biocell Textured Breast Implant medical devices ("Biocell"):

Meagan Joplin
11341 Bullseye Street
El Paso, TX 79934

4. Consortium Claim(s): Name and current residence of individual(s) alleging damages for loss of consortium:

O.J.E.
 11341 Bullseye Street
 El Paso, TX 79934

5. If a survival and/or wrongful death claim is asserted:

Name and residence of Decedent when she suffered Biocell-related injuries and/or death:

Name and current residence of the individual(s) bringing the claims on behalf of the decedent’s estate, and status (i.e., personal representative, administrator, next of kin, successor in interest, etc.):

VENUE

6. Plaintiffs allege that venue for remand and trial is proper in the following federal judicial district:

Western District of Texas

DEVICE IDENTIFICATION

7. Plaintiff used the following Biocell device[s], which Plaintiff contends caused her injuries. Check all that apply and provide all dates of implant and explant:

<p><input checked="" type="checkbox"/> NATRELLE Silicone-filled Breast Implants</p> <p><input type="checkbox"/> Style 110</p> <p><input checked="" type="checkbox"/> Style 115</p> <p><input type="checkbox"/> Style 120</p> <p>Left: S/N 17610685</p> <p>Right: S/N 20923903</p> <p>Date[s] of Implant: 5/10/2016</p> <p>Date[s] of Explant (if any): 8/20/2021</p>	<p><input type="checkbox"/> NATRELLE Saline-Filled Breast Implants</p> <p><input type="checkbox"/> Style 163</p> <p><input type="checkbox"/> Style 168</p> <p><input type="checkbox"/> Style 363</p> <p><input type="checkbox"/> Style 468</p> <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>
<p><input type="checkbox"/> NATRELLE 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants</p> <p><input type="checkbox"/> Style LL</p>	<p><input type="checkbox"/> NATRELLE INSPIRA Silicone-Filled Breast Implants</p> <p><input type="checkbox"/> Style TRL</p> <p><input type="checkbox"/> Style TRLP</p>

<ul style="list-style-type: none"> <input type="checkbox"/> Style LM <input type="checkbox"/> Style LF <input type="checkbox"/> Style LX <input type="checkbox"/> Style ML <input type="checkbox"/> Style MM <input type="checkbox"/> Style MF <input type="checkbox"/> Style MX <input type="checkbox"/> Style FL <input type="checkbox"/> Style FM <input type="checkbox"/> Style FF <input type="checkbox"/> Style FX <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Style TRM <input type="checkbox"/> Style TRF <input type="checkbox"/> Style TRX <input type="checkbox"/> Style TSL <input type="checkbox"/> Style TSLP <input type="checkbox"/> Style TSM <input type="checkbox"/> Style TSF <input type="checkbox"/> Style TSX <input type="checkbox"/> Style TCL <input type="checkbox"/> Style TCLP <input type="checkbox"/> Style TCM <input type="checkbox"/> Style TCF <input type="checkbox"/> Style TCX <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>
<p><input type="checkbox"/> McGhan BioDIMENSIONAL® Silicone-Filled BIOCELL® Textured Breast Implants, Style 153</p> <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>	<p><input type="checkbox"/> NATRELLE Dual-Gel Breast Implants</p> <ul style="list-style-type: none"> <input type="checkbox"/> Style LX <input type="checkbox"/> Style MX <input type="checkbox"/> Style FX. <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>
<p><input type="checkbox"/> NATRELLE Komuro Breast Implants</p> <ul style="list-style-type: none"> <input type="checkbox"/> Style KML <input type="checkbox"/> Style KMM <input type="checkbox"/> Style KLL <input type="checkbox"/> Style RLM <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>	<p><input type="checkbox"/> NATRELLE Ritz Princess Breast Implants</p> <ul style="list-style-type: none"> <input type="checkbox"/> Style RML <input type="checkbox"/> Style RMM <input type="checkbox"/> Style RFL <input type="checkbox"/> Style RFM <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>
<p><input type="checkbox"/> NATRELLE 150 Full Height and Short Height double lumen implants.</p> <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>	<p><input type="checkbox"/> NATRELLE 133 Plus Tissue Expander</p> <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>
<p><input type="checkbox"/> NATRELLE 133 Tissue Expander</p>	<p><input type="checkbox"/> OTHER (Please describe):</p>

<p>with Suture Tabs</p> <p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>	<p>Date[s] of Implant:</p> <p>Date[s] of Explant (if any):</p>
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PLAINTIFF’S BIOCELL-RELATED INJURIES

8. Plaintiff alleges that one or more Biocell devices caused personal injuries and damages including but not limited to the following: significantly increased risk of developing cancer, a diagnosis of BIA-ALCL, emotional distress including fear and anxiety of developing future cancer, accumulation of foreign and adulterated silicone particles in their bodies, including the resulting inflammation, cellular damage, and subcellular damage, past and future medical expenses, physical pain and suffering from explantation.

9. Approximate date of Biocell-device related injury:

July 21, 2021

10. Has Plaintiff or Plaintiff’s decedent ever been diagnosed with BIA-ALCL:

Yes

No

a. If Yes, date of diagnosis: 7/21/2021

CAUSES OF ACTION

11. The following claims asserted in the *Master Complaint* are herein adopted by Plaintiffs:

- Count I: Strict Liability – Manufacturing Defect
- Count II: Negligent Manufacturing
- Count III: General Negligence
- Count IV: Strict Liability Failure to Warn
- Count V: Negligent Failure to Warn
- Count VI: Negligent Misrepresentation
- Count VII: Breach of Implied Warranty of Merchantability
- Count VIII: Breach of Express Warranty
- Count IX: Strict Liability Design Defect
- Count X: Negligent Design
- Count XI: Survivorship and Wrongful Death

Count XII: Loss of Consortium

Count XIII: Punitive Damages

Other Claims and factual basis therefore:

Deceptive Trade Practices-Consumer Protection Act, Tex. Bus. & Com.

Code Ann. §§ 17.41, et seq.,

Unfair enrichment (in the alternative)

OTHER DEFENDANTS

12. Plaintiffs further bring claims against the following additional Defendants not named in the *Master Complaint*:

a. Additional Defendant(s):

Additional Defendant 1: _____

Additional Defendant 2: _____

Additional Defendant 3: _____

Additional Defendant 4: _____

b. Address(es) of Additional Defendants:

Address of Defendant 1: _____

Address of Defendant 2: _____

Address of Defendant 3: _____

Address of Defendant 4: _____

c. Short and Plain Statement of Factual Allegations against Additional Defendants:

d. Claims asserted against Additional Defendants:

WHEREFORE, Plaintiffs pray for relief and demands a trial by jury as set forth in the Plaintiffs' Master Personal Injury Long Form Complaint in MDL 2921 in the United States District Court for the District of New Jersey.

Date: January 24, 2022

/s/ Shanon J. Carson

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