IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ARIZONA

IN RE: Bard Implanted Port Catheter Products Liability Litigation,	MDL No. 3081 **CASE MANAGEMENT ORDER NO. 17** **(Plaintiff Fact Sheets and Defendants Fact Sheets)**

Pursuant to Case Management Order No. 10 (Doc. 115 at 3), the Court enters this Case Management Order regarding the contents of the Plaintiff Fact Sheet ("PFS") and Defendants Fact Sheet ("DFS"). The PFS agreed upon by the Parties and approved by the Court is attached as Exhibit 1 to this Order. The DFS agreed upon by the Parties and approved by the Court is attached as Exhibit 2 to this Order. No substantive changes shall be made to the PFS or DFS without agreement of the parties or approval of the Court. However, formatting changes shall be permitted to facilitate use of the documents electronically.

All of the deadlines, procedures, instructions, and requirements regarding the PFS and DFS and the PFS/DFS Group 1 set forth in Case Management Order No. 10 remain in full force and effect, and nothing in this Order is intended to change or nullify any of those requirements. All parties required to submit PFSs and DFSs are presumed to be familiar with the contents of Case Management Order No. 10 and compliance is required.

In addition, as they are doing so with respect to the Profile Forms, Plaintiffs and Defendants shall use the MDL Centrality online system accessible at www.mdlcentrality.com/BardPort to complete and serve PFSs and DFSs, as follows:

(a) If they have not already done so, each Plaintiff shall, by counsel or as pro se, establish a secure online portal with the MDL Centrality online system and obtain authorized usernames and secure login passwords to permit use of MDL Centrality by such counsel or Plaintiff. Except as set forth herein, counsel for a Plaintiff or each pro se Plaintiff shall be permitted to view, search, and download on MDL Centrality only those materials submitted by that Plaintiff and by Defendants relating to that Plaintiff only, and not materials submitted by or relating to other Plaintiffs.

(b) If they have not already done so, Defendants shall establish a secure online portal with the MDL Centrality online system and obtain authorized usernames and secure login passwords to permit use of MDL Centrality by Defendants' counsel.

(c) Plaintiffs' Co-Lead Counsel and attorney designees in the Plaintiffs' Leadership Committee ("PLC"), as appointed by Plaintiffs' Co-Lead Counsel, shall have access to and be able to view, search, and download all materials submitted by all Plaintiffs and by all Defendants.

(d) Each Plaintiff and Defendants shall use MDL Centrality to obtain, complete, or upload data and serve the appropriate Fact Sheet online (including the upload of PDFs of documents required to be produced with the Fact Sheet).

(e) Service of a completed Fact Sheet shall be deemed to occur when the submitting party has performed each of the steps required by MDL Centrality to execute the online submission of the materials and the submitting party has received confirmation on screen that the materials have been successfully submitted. Immediately upon submission of a PFS by a Plaintiff, MDL Centrality shall send notification of the submission to Defendants at portppf-pfs@nelsonmullins.com and portppf-pfs@mccarter.com. Immediately upon submission of a DFS by Defendants, MDL Centrality shall send notification of the submission to the Plaintiff's counsel of record at the email address(es)

provided upon registration for MDL Centrality, with a copy to the PLC by operation of an email distribution list provided to MDL Centrality by Plaintiffs' Co-Lead Counsel.

(f) If a party must amend a previously served Fact Sheet, all subsequent versions must be named accordingly ("First Amended Plaintiff Fact Sheet," "Second Amended Plaintiff Fact Sheet," etc.), and all iterations of a party's Fact Sheet must remain available and accessible to all parties to a case through trial, appeal (if any), or other resolution of the litigation. Immediately upon submission of an amended PFS, MDL Centrality shall send notification of the submission to Defendants at portppf-pfs@nelsonmullins.com and portppf-pfs@mccarter.com. Immediately upon submission of an amended DFS, MDL Centrality shall send notification of the submission to the Plaintiff's counsel of record at the email address(es) provided upon registration for MDL Centrality, with a copy to the PLC by operation of an email distribution list provided to MDL Centrality by Plaintiffs' Co-Lead Counsel.

(g) The Court may establish a secure online portal with the MDL Centrality online system and obtain an authorized username and secure login password to permit use of MDL Centrality by the Court.

(h) MDL Centrality should not be viewed as an alternate or supplemental docket in this case. It shall be used for the collection and presentation of discovery material that would not normally be filed in the Court's docket, such as PPFs, DPFs, Plaintiff and Defendant fact sheets, privilege logs, and correspondence related to such discovery matters. Any item that would ordinarily be filed in the Court's docket should be so filed. The Court will not regularly review or monitor MDL Centrality. Doing so is the responsibility of defense counsel and Plaintiffs' leadership counsel.

The use of MDL Centrality by any party shall not alter or otherwise waive or affect any attorney-client privilege or work-product doctrine protection otherwise available. Any

notations placed on materials, comments entered, or documents stored or uploaded to MDL Centrality by a user shall be considered to be the work product of such user unless and until the material is served on or purposefully disclosed to the opposing party through the use of MDL Centrality or otherwise. Pursuant to Rule 502(d) of the Federal Rules of Evidence, this Order with respect to privilege and work-product doctrine protection applies to any other federal or state proceeding.

Dated this 8th day of March, 2024.

David G. Campbell
Senior United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

MDL No. 3081
In Re Bard Implanted Port Catheter Products Liability Litigation

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PLAINTIFF FACT SHEET

Each plaintiff, or representative of a person, who allegedly suffered injury/injuries as a result of a Bard Implanted Port Catheter(s) who also is included in the PFS/DFS Group 1 as established in Case Management Order No. 10 [Dkt. No. 115] 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, 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.

Each Plaintiff Fact Sheet shall be signed by the Plaintiff under penalty of perjury at the time of submission. If a Plaintiff is suing in a representative capacity, the Plaintiff Fact Sheet shall be completed and signed by the person with legal authority to represent the estate or the person under legal disability. A Plaintiff's spouse with a claim for loss of consortium shall also sign the Plaintiff Fact Sheet under penalty of perjury. **Electronic signatures are not permitted.**

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 promptly supplement Your responses and document production 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, the terms "You" or "Your" refer to the person who received a Bard Implanted Port Catheter Product(s) manufactured and/or distributed by Bard Access Systems, Inc.; C. R. Bard, Inc.; Bard Peripheral Vascular, Inc.; or Becton, Dickinson and Company ("Bard Defendants") and who is identified in Question 2(a) below.

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.

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.

The fully completed Fact Sheet and all documents requested should be uploaded to MDL Centrality online system at www.mdlcentrality.com/BardPort.

I. BACKGROUND INFORMATION

1. Verify that the Plaintiff Profile Form previously served by Plaintiff is complete and accurate, including production of all records requested, as of the date of completion of this Plaintiff Fact Sheet. If the Plaintiff Profile Form previously served by Plaintiff is not complete and accurate as of the date of completion of this Plaintiff Fact Sheet, update and attach an Amended or Supplemental Plaintiff Profile Form.

   □ I verify that the Plaintiff Profile Form served on _____ is complete and accurate as of the date of completion of this Plaintiff Fact Sheet.

   □ An updated Plaintiff Profile Form is attached.

2. Please state:

   (a) Your full name:

   _____

   (b) Full name of the person completing this form, if different from the person listed in 2(a) above:_____

   (c) Relationship of the person completing this form to the person listed in 2(a) above:

   _____

   (d) When did the person completing this form first retain an attorney for this lawsuit against the Bard Defendants? _____

3. Your Social Security Number:_____

4. If You have lived at Your current address as set forth in Your Profile Form for less than 10 years, provide each of Your prior residential addresses from 2000 to the present.

Specifically identify the address where you lived when your Bard Implanted Port Cather Product(s) was/were implanted:

Prior Residential Address	Dates You Lived At This Address

5. Have You ever been married? Yes_____ No_____

If yes, provide the names and addresses of each spouse and the inclusive dates of Your marriage to each person:

Full name of spouse	Dates of marriage and how marriage ended

6. Do You have children? Yes_____ No_____

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

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

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

Name	Date of Birth	Relationship

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

Name	Date of Birth/Age	Relationship

9. If Your Implanted Port Catheter Product(s) was/were implanted more than ten (10) years ago, identify the name and age of any person who lived with You when the Implanted Port Catheter Product(s) was/were implanted.

Name	Date of Birth/Age	Relationship

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 Attendance	Degree Awarded	Major or Primary Field of Study

11. Please provide the following information for Your employment history over the past 10 years through the present:

Employer Name	Address	Job Title/Description of Duties	Dates of Employment	Salary/Rate of Pay

12. If Your Implanted Port Catheter Product(s) was/were implanted more than ten (10) years ago, provide the following information for Your employer at the time of implant:

Port and Implant Date	Employer Name	Address	Job Title/ Description of Duties	Dates of Employment	Salary/Rate of Pay

13. Have You ever served in any branch of the military? Yes_____ No_____

If Yes, please provide the following information:

(a) Branch and dates of service, rank upon discharge, and type of discharge received:

_____

(b) Dates of service: _____

(c) Rank upon discharge: _____

(d) Type of discharge received: _____

(e) Were You discharged from the military at any time for any reason relating to Your medical, physical, or psychiatric condition? Yes_____ No_____

If Yes, state what that condition was:_____

_____

14. Within the last ten years, have You been convicted of, or plead guilty to, a felony and/or crime of fraud or dishonesty? Yes_____ No_____

If Yes, please set forth where and when and identify the felony and/or crime:_____

_____

_____

_____

15. Identify all television, electronic, social media or print advertisements regarding possible claims against implanted port catheter product manufacturers that You or Plaintiff saw before you filed this lawsuit:

_____

_____

_____

16. For the advertisements identified immediately above, set forth the approximate date and nature of any such advertisement, whether the advertisement included the name of a law firm, and whether the advertisement specifically mentioned Bard Access Systems; C. R. Bard, Inc.; Bard Peripheral Vascular, Inc.; Becton, Dickinson and Company; or "Bard".

_____

_____

_____

17. Have You received any telephone calls, emails, letters, or text messages ("Communications") regarding possible claims against Implanted Port Catheter Product manufacturers, including but not limited to Bard Access Systems; C. R. Bard, Inc.; Bard Peripheral Vascular, Inc.; Becton, Dickinson and Company; or "Bard"? This is not intended to apply to any communications with your attorney.

Yes ___ No _____

18. For the Communications identified immediately above, set forth the approximate date and nature that You received each and every communication, whether the Communication included the name of a law firm, and whether the Communication specifically mentioned Bard Access Systems; C. R. Bard, Inc.; Bard Peripheral Vascular, Inc.; Becton, Dickinson and Company; or "Bard". This is not intended to apply to any communications with your attorney after you retained him/her.

II. CLAIM INFORMATION

IF YOU ARE MAKING A CLAIM IN THIS LAWSUIT ALLEGING DAMAGES AND/OR INJURIES ARISING FROM THE IMPLANTATION OF MORE THAN ONE BARD IMPLANTED PORT CATHETER PRODUCT ("PRODUCT"), YOU MUST FILL OUT SECTION II "CLAIM INFORMATION" IN ITS ENTIRETY FOR EACH SUCH PRODUCT.

19. Date of implant: _____ Lot number: _____ Product Code: _____
Model name: _____
Date of last treatment/access of the Product: _____
Date of removal: _____

20. Describe Your understanding of Your medical condition at the time You received the Bard Implanted Port Catheter Product and why You received the product:

_____

_____

_____

21. For each failure mode alleged in Section 4 of Your Profile Form state the following:
The date you first believed that the complication was related to Your Bard Implanted Port Catheter Product and how you came to that belief. If the aforesaid belief was based on the statement(s) of another individual, specifically identify the individual who made such statement(s) and provide that persons or people's full name(s) and address and the date the communication was made.

_____

_____

_____

_____

_____

_____

22. Describe any written and/or verbal information or instructions regarding the Bard Implanted Port Catheter Product that You received:

_____

_____

_____

23. For the information or instructions regarding the Bard Implanted Port Catheter Product that You received:

(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 upload copies to MDL Centrality.

_____

_____

(e) Were You told of any potential complications associated with the implant of a Bard Implanted Port Catheter Product? Yes ____ No ____ Don't Know _____

(f) If yes to (e), by whom?

_____

_____

(g) If yes to (e), what potential complications were described to You?

_____

_____

24. Do You claim that You suffered bodily injuries as a result of the implantation of the Bard Implanted Port Catheter Product?

Yes_____ No_____

If Yes:

(a) 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 Implanted Port Catheter Product?

Yes_____ No_____

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

_____

_____

(b) Are You currently experiencing symptoms related to Your claimed bodily injuries?

Yes_____ No_____

If Yes, please describe Your symptoms in detail:

_____

_____

(c) 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 Implanted Port Catheter Product?

_____

_____

(d) 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_____ No _____

If Yes, please list in chronological order of treatment all doctors or healthcare providers 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

(e) Were You hospitalized at any time for the bodily injuries You listed above?

Yes _____ No_____

If Yes, please provide the following:

Hospital Name and Address	Condition Treated	Approximate Dates of Treatment

(f) Identify by name and address the doctor(s), nurse(s), hospital(s), or other healthcare provider(s) who accessed your Bard Implanted Port Catheter Product and provide the approximate date(s) for each such occurrence:

Approximate Date(s)/Date Range(s)	Doctor or Healthcare Provider Involved (including address)

(g) Identify by name and address the doctor(s), nurse(s), hospital(s), or other healthcare provider(s) who flushed or otherwise maintained your Bard Implanted Port Catheter Product and provide the approximate date(s) for each:

Approximate Date(s)/Date Range(s)	Doctor or Healthcare Provider Involved (including address)

25. Are You making a claim for lost wages or lost earning capacity relating to injuries You allege to have been caused by the Bard Implanted Port Catheter Product?

Yes_____ No_____

(a) 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 Implanted Port Catheter Product until the present:_____

_____

_____

(b) If yes, for what period of time are You claiming lost wages?_____

_____

_____

(c) 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?

_____

_____

_____

26. Are You making a claim for out-of-pocket expenses? Yes_____ No_____

If yes, please identify and itemize all out-of-pocket expenses You have incurred.

_____

_____

_____

27. If anyone filed a loss of consortium claim in connection with Your lawsuit regarding the Bard Implanted Port Catheter Product, state the relationship of that person to You and state the specific nature of the Consortium Plaintiff's claim.

_____

_____

_____

28. If anyone filed a loss of consortium claim in connection with Your lawsuit regarding the Bard Implanted Port Catheter Product, provide the Consortium Plaintiff(s) Social Security Number: _____

29. If anyone filed a loss of consortium claim in connection with Your lawsuit regarding the Bard Implanted Port Catheter Product, please indicate whether the Consortium Plaintiff alleges any of the damages set forth below:

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

30. Please list the name and address of any healthcare providers the Consortium Plaintiff has sought treatment from for any physical, emotional, or psychological injuries or symptoms alleged to be related to his/her claim.

_____

_____

_____

31. Have You or anyone acting on Your behalf had any communication, oral or written, with any of the Bard Defendants and/or their representatives regarding Your Bard Implantable Port Product?

Yes _____ No_____ Don't Know _____

(a) If yes, set forth: (i) the date of any communication, (ii) the method of communication, (iii) the name of the person with whom You communicated, and (iv) the substance of the communications.

_____

_____

_____

III. MEDICAL BACKGROUND

32. In chronological order, list any and all surgeries, procedures and/or hospitalizations You had in the ten (10) year period BEFORE implantation of the first Bard Implanted Port Catheter Product(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)

33. In chronological order, list any and all surgeries, procedures and/or hospitalizations You had AFTER implantation of the Bard Implanted Port Catheter Product(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(s)	Description of Surgery or Hospitalization	Doctor or Healthcare Provider Involved (including address)

34. 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 Bard Implanted Port Catheter Product(s) was implanted to the present:

Name and Specialty	Address	Approximate Date/ Years of Visits

35. 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:

Condition	Yes	No	Unsure	Describe (as applicable)
Anaphylaxis				
Blood Infection (Bacteremia or sepsis)				
Bone Infection (Osteomyelitis)				
Cancer (identify type)				
Cerebrovascular accident (Stroke)				
Chronic Kidney Disease				
Any disease you were born with (i.e., Hemophilia, Sickle Cell Disease, Cystic Fibrosis, etc.)				
Dehydration (Severe)				
Diabetes				
Gout				
Heavy Metal Exposure or poisoning				
Hepatitis A, B, or C				
Rhabdomyolysis				
Shock (hypotension)				

Condition	Yes	No	Unsure	Describe (as applicable)
Systemic Inflammatory Response Syndrome				
Any bacterial, viral, parasitic, or fungal infection (Streptococcus, A & B; Enterococcus E. Coli, adenovirus, mycobacterium, legionella, Epstein-Barr virus (EBV), Cytomegalovirus (CMV), Toxoplasmosis, Tuberculosis, HIV, Malaria, Mycobacterium, etc.)				
Liver disease (Cirrhosis), failure				
Metabolic disturbances				
Obesity				
Kawasaki Disease				
Protein Deficiency				
Prior Surgeries (Gastric Bypass, Spine surgery, etc.)				
Deep Vein Thrombosis				
Pulmonary Embolism				
Auto Immune Disorders (i.e., Lupus, HIV, Goodpasture Syndrome, Sarcoidosis, etc.)				
Varicose Veins				
Heart Procedures				
Cardiovascular disorders (i.e., atrial fibrillation, stenosis, vasculitis, Hypertension, Myocardial Infarction, Heart Attack)				

Condition	Yes	No	Unsure	Describe (as applicable)
Blood Disorders (i.e., Prothrombin mutation, Factor V Leiden, Anti-thrombin Deficiency)				
Anticoagulation Medication (Coumadin, Warfarin, Eliquis (Apixaban))				
Ulcerative Colitis/Inflammatory Bowel Disease (IBD), Crohn's disease				
Lung Disease/disorders				
Prior treatment with radiation				

* * * * * * * * * *

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 implant of your (first) Bard Implanted Port Catheter Product through the present?

Yes_____ No_____

If yes:

Type	Time period of dependency	Type of treatment received	Name of treatment provider	Current status

(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 implant of your (first) Bard Implanted Port Catheter Product?

Yes_____ No_____

If yes, specify condition, date of onset, medication/treatment, treating physician and current status of condition:

Condition	Date of onset	Medication/treatment	Treating physician	Current status of condition

* * * * * * * * * *

36. Do You now or have You ever smoked tobacco products? Yes_____ No_____

If yes:

How long have/did You smoke?_____

37. Other than the implantation of the Bard Implanted Port Catheter Product(s) device that is the subject of Your lawsuit, were you implanted with any other Implanted Port Catheter Product at any time? Yes_____ No_____

If yes, please provide the following information relating to each Port Catheter Product implanted:

(a) Date of implant: _____

Lot number: _____

Product Code: _____

Model name: _____

(b) Name and address of the healthcare provider who implanted this other device or product?

_____

_____

_____

(c) At what hospital or facility was this device or product implanted in You?

_____

_____

_____

(d) Why was this device implanted in You?

_____

_____

_____

(e) How long did you have this device implanted in You?

_____

_____

_____

(f) Did You experience any complication as a result of the implantation of this device?

Yes_____ No_____

If Yes:

(i) Describe the complication You experienced.

_____

_____

_____

(g) Identify by name and address the doctor(s), nurse(s), hospital(s), or other healthcare provider(s) who accessed Your Other Implanted Port Catheter Product(s) and provide the approximate date(s) for each such occurrence:

Approximate Date(s)/Date Range(s)	Doctor or Healthcare Provider Involved (including address)

(h) Identify by name and address the doctor(s), nurse(s), hospital(s), or other healthcare provider(s) who flushed or otherwise maintained Your Other Implanted Port Catheter Product(s) and provide the approximate date(s) for each:

Approximate Date(s)/Date Range(s)	Doctor or Healthcare Provider Involved (including address)

(i) Was this device or product removed?

Yes_____ No_____

If Yes:

(ii) When was it removed?

_____

_____

_____

(iii) Why was it removed?

_____

_____

_____

(iv) By whom and at what hospital or facility was it removed?

_____

_____

_____

(i) Are You currently implanted with an implantable port catheter device or some other venous access device?

Yes_____ No_____

If Yes:

(i) What is the name of the device, when was it implanted, what is the name of the institution where it was implanted, and why was it implanted?

_____

_____

_____

_____

38. 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 Implanted Port Catheter Product(s) 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 Dosage	Prescribing Physician	Pharmacy Name and Address	Reason for Taking Medication	Approximate Date(s) of Use

IV. INSURANCE INFORMATION

39. 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 Implanted Port Catheter Product(s) and continuing to the present:

Insurance Company Name and Address	Policy Number	Name of Policy Holder/Insured (if different than Yourself)	Approximate Dates of Coverage

40. 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_____

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.]

V. PRIOR CLAIM INFORMATION

41. Have You filed a lawsuit or made a claim in the last ten (10) years, other than in the present suit relating to any bodily injury?

Yes_____ No_____

If yes, for each, please specify the following:

(a) Court in which the lawsuit/claim was filed or initiated:_____

_____

(b) Case/Claim Number:_____

(c) Nature of Claim/Injury:_____

_____

42. Have You ever applied for Workers' Compensation (WC), Social Security disability (SSI or SSD) benefits, or other State or Federal disability benefits?

Yes_____ No_____

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:_____

43. Have You ever filed bankruptcy??

Yes_____ No_____

If yes, please specify the following:

(a) Date (or year) of filing: _____

(b) Venue where filed: _____

(c) Docket No.: _____

(d) Disposition: _____

(e) Date of disposition: _____

VI. FACT WITNESSES

44. 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 Possess

VII. IDENTIFICATION OF DOCUMENTS AND OTHER ELECTRONICALLY STORED INFORMATION

For the period beginning three (3) years prior to the implantation of the Bard Implanted Port Catheter Product(s) 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 Implanted Port Catheter Product(s). 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.)

VIII. DOCUMENT REQUESTS

Plaintiff(s)'s document collections and productions shall comply with Case Management Order No. 12, including collection of electronically stored information in a manner that preserves the underlying data and reasonable available metadata, as well as the search methodologies that Plaintiff(s) will employ or have employed to identify responsive information. See Section III.B. and Section IV.D.2. of Case Management Order No. 12.

1. Upload to MDL Centrality all of Your medical records relating to Your Bard Implanted Port Product(s) and the injuries You claim in this lawsuit in Your possession or the possession of Your attorney(s).

   □ The documents are uploaded.

   □ I have no records.

2. Upload to MDL Centrality each and every medical record in your possession or in the possession of your attorney(s) from each and every medical facility, pharmacy, and practitioner of the healing arts identified by You 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 Implanted Port Catheter Product(s) and continuing to the present.

□ The documents are uploaded.

□ I have no records.

3. RELEASES.

NOTE: Please sign and produce/upload in MDL Centrality the requisite authorizations for the release of records, which are appended hereto. Releases cannot be signed electronically.

□ The executed releases are uploaded.

4. DOCUMENTS.

State whether You have any of the following documents in Your possession, custody, and/or control. If You do, please produce/upload the documents in MDL Centrality.

(a) If You were appointed by a Court to represent the plaintiff in this lawsuit, produce any documents demonstrating such appointment.

(i) Not applicable_____

(ii) □ The documents are uploaded.

□ I have no records.

(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_____

(ii) □ The documents are uploaded.

□ I have no records.

(c) Upload to MDL Centrality 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 Implanted Port Catheter Product(s) or subject of this litigation, including, but not limited to all letters, emails, blogs, Facebook posts, Tweets, newsletters, Instagram or other social media posts, Slack messages, Snapchat messages, etc. sent or received by You. (Research conducted subsequent to retention of an attorney is not considered responsive to this request if it was conducted to understand the legal and strategic advice of Your counsel.)

(i) Not applicable_____

(ii) □ The documents are uploaded.

□ I have no records.

(d) Produce all documents, including journal entries, calendar entries, lists, memoranda, notes, diaries, photographs, video, DVDs or other media, discussing or referencing the Bard Implanted Port Catheter Product(s), the injuries and/or damages You claim resulted from the Bard Implanted Port Catheter Product(s), and/or evidencing Your physical condition from three (3) years prior to the implantation of the Bard Implanted Port Catheter Product(s) to present. (Research conducted subsequent to retention of Your attorney and to understand the legal and strategic advice of Your counsel is not considered responsive to this request.)

(i) □ The documents are uploaded.

□ I have no records.

(e) Produce any Bard Implanted Port Catheter Product(s) packaging, labeling, advertising, or any other product-related items in Your possession, custody or control. This request includes but is not limited to any materials related to Bard Implanted Port Catheter Product(s) that You may have received from any healthcare provider.

(i) □ The documents are uploaded.

□ I have no records.

(f) 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 Implanted Port Catheter Product(s).

(i) □ The documents are uploaded.

□ I have no records.

(g) 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 Implanted Port Catheter Product(s).

(i) □ The documents are uploaded.

□ I have no records.

(h) 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 Implanted Port Catheter Product(s).

(i) □ The documents are uploaded.

□ I have no records.

(i) 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 Implanted Port Catheter Product(s).

(i) □ The documents are uploaded.

□ I have no records.

(j) Produce all documents in Your possession, custody, or control evidencing or relating to any correspondence or communication between Bard Access Systems; C. R. Bard, Inc.; Bard Peripheral Vascular, Inc.; or Becton, Dickinson and Company (or any related companies or divisions) and any of Your doctors, healthcare providers, and/or You relating to Bard Implanted Port Catheter Product(s), except as to those communications which are protected by the attorney-client privilege or attorney work product doctrine.

(i) □ The documents are uploaded.

□ I have no records.

(k) 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 Implanted Port Catheter Product(s) concerning the risks and/or benefits associated with Implanted Port Catheter Product(s), including but not limited to the Bard Implanted Port Catheter Product(s) implanted in You.

(i) □ The documents are uploaded.

□ I have no records.

(l) If You underwent surgery or any other procedure to remove, in whole or in part, the Bard Implanted Port Catheter Product(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 Implanted Port Catheter Product(s) removed from You.

(i) □ The documents are uploaded.

□ I have no records.

(m) 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) □ The documents are uploaded.

□ I have no records.

[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.]

(n) 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, TikTok, Slack, or any other social media) showing any and all "posts" and/or "messages" from the date of implantation to the present.

(i) □ The documents are uploaded.

□ I have no records.

VERIFICATION

I, _____, 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 Plaintiff Fact Sheet dated _____ 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

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

MDL No. 3081
In Re Bard Implanted Port Catheter Products Liability Litigation

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DEFENDANTS' FACT SHEET

For each case, Becton, Dickinson and Company; C.R. Bard, Inc.; Bard Access Systems, Inc.; and Bard Peripheral Vascular, Inc. (collectively, "Defendants") must complete this Defendants' Fact Sheet ("DFS") in accordance with the requirements set forth in Case Management Order No. 10 and 17.

A completed DFS shall be considered interrogatory answers pursuant to Fed. R. Civ. P. 33, responses to request for production under Fed. R. Civ. P. 34, and will be governed by the standards applicable to written discovery under Fed. R. Civ. P. 26, 33, 34, and 37. Therefore, you must supplement your responses if you learn that they are incomplete or incorrect in any respect. The questions and requests for production of documents contained in this DFS are non-objectionable and shall be answered without objection, except that Defendants may assert, where appropriate, objections based on privilege or work product grounds, in which case they will produce a privilege log. This DFS shall not preclude Plaintiffs 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 Orders.

This DFS must be served on Plaintiff's counsel of record, with a copy to the PLC, in accordance with Case Management Order No. 10 and 17.

In completing this DFS, you must answer every question. The requests for information and documents require Defendants to, at a minimum, conduct a reasonable and diligent search. Each document request and interrogatory not only calls for current knowledge but also for all knowledge that is available to Defendants by reasonable inquiry, including inquiry of your officers, directors, employees, contractors, agents, and assigns.

To the extent this form does not provide enough space to complete your responses or answers, please attach additional sheets as necessary. Please identify any documents that you are producing that are responsive to a question with Bates-Stamp identifiers.

"Document(s)" and "documentation" mean and refer to a writing and/or recording as defined by Fed. R. Civ. P. 34, including, without limitation, the following terms in their broadest sense, whether printed or recorded or reproduced by any other mechanical process, or written or produced by hand: agreements, "communications," State and Federal governmental hearings and reports, correspondence, telegrams, memoranda, summaries or records of telephone conversations, summaries or records of personal conversations or interviews, diaries, graphs, reports, notebooks, note charts, plans, drawings, sketches, maps, summaries or records of

meetings or conferences, summaries or reports of investigations or negotiations, opinions or reports of consultants, radiographs, photographs, motion picture films, brochures, pamphlets, advertisements, circulars, press releases, drafts, letters, any marginal comments appearing on any document, and all other writings.

"Communication" and/or "correspondence" shall mean and refer to any oral, written, spoken, or electronic transmission of information including but not limited to meetings, discussions, conversations, telephone calls, memoranda, letters, emails, text messages, postings, instructions, conferences, seminars, or any other exchange of information between any Defendant, including their agents and contractors, and any other person or entity.

"Device(s)" shall mean the Bard Implanted Port Catheter Product(s) that Plaintiff was implanted with and alleges was defective, as identified in Plaintiff's Fact Sheet.

"Bard IPCs" shall refer to all Bard Implanted Port Catheter Products as listed in Exhibit A of the Master Complaint.

"Healthcare Provider" shall mean any doctor, physician, surgeon, or other healthcare professional who: (1) prescribed or implanted the Device(s); and/or (2) removed or attempted to remove the Device(s) or any of its components. If a plaintiff identifies additional healthcare professionals whose care of that plaintiff related to the IPC or complications allegedly arising from implantation of the IPC was extensive or critical to the assessment of the particular case for possible inclusion in the bellwether pool, Defendants agree to meet and confer with each such plaintiff on a case by case basis regarding whether it is appropriate to include such additional healthcare professional(s) in the definition contained herein.

"Implanting Healthcare Provider" shall mean the doctor, physician, surgeon, or healthcare professional who implanted the Device(s).

"Sales Representative" shall mean Defendants' sales employees primarily responsible for promotion and sale of IPCs to the Implanting Healthcare Provider and the institution wherein the IPC was implanted, i.e., the Territory Managers. Also included in this definition for purposes of completion of the Defendants Fact Sheet is each such Territory Manager's direct supervisor, typically a District Manager.

"You," "your," or "yours" refer to each of the Defendants identified in the Master Complaint.

"Key Opinion Leader" or "Thought Leader" shall mean and refer to physicians, experts, or other professionals hired by, consulted with, or retained by Defendants to consult, give lectures, respond to media inquiries, conduct clinical trials, write articles or abstracts, sign their names as authors to articles or abstracts written by others, make presentations on Defendants' behalf at regulatory meetings or hearings, association meetings, hospital department meetings, or other professional meetings including local, regional, and national meetings, and any other meeting organized and planned by or on behalf of Defendants, among other things.

I. CASE INFORMATION

A. This DFS pertains to the following case:

1. Case caption: _____

2. Civil action number: _____

3. Court in which action was originally filed: _____

4. Date this DFS was completed: _____

B. Please provide the following information about the person(s) who provided the information and/or identified documents responsive to the questions posed herein:

1. Name: _____

2. Current position (if no longer employed, last position with Defendant(s)): _____

3. City of employment (if no longer employed, city of residence): _____

II. CONTACTS WITH HEALTHCARE PROVIDERS

For each Healthcare Provider who prescribed, implanted, removed, or attempted to remove a Device, provide the following information:

A. CONSULTATION & OTHER NON-SALES REPRESENTATIVE CONTACTS

For each identified Healthcare Provider with whom Defendants were affiliated, consulted, or otherwise had contact outside the context of sales representative contacts, please:

1. Identify all contacts between the Healthcare Provider and Defendants.

2. Identify all past and present consulting arrangements with the Healthcare Provider.

3. Identify any document previously produced that references the Healthcare Provider.

4. Identify and produce all Form 1099s and any other documentation reflecting payments or reimbursements of any nature to the Healthcare Provider.

5. Identify any Dear Doctor letter or similar communication regarding any Bard IPC that concerns any safety-related issue and that could have been sent to the Healthcare Provider, and identify any record reflecting actual

delivery of the communication to the provider or the facility.

6. Identify (to the extent known) any Defendant-sponsored clinical study in which the Healthcare Provider participated.

7. Identify any training provided to or by the Healthcare Provider, including but not limited to date, location, Healthcare Provider's role, cost for attending such training, and subject matter.

8. Set forth any and all contractual relationships between the Healthcare Provider and Defendant(s), including but not limited to:

    1. whether the provider participated in any study or clinical trials as a principal investigator or supervising physician at any study site which was sponsored by Defendant(s) on Defendants' behalf;

    2. whether the provider has spoken on behalf of Defendant(s) or any of its products, including but not limited to Bard IPCs;

    3. whether the provider has served in any capacity on any of Defendant(s)' advisory boards, consulting groups, focus groups, etc.;

    4. whether the provider has ever served as a Key Opinion Leader or Thought Leader for or on behalf of any Defendant;

    5. whether the provider has functioned in any capacity promoting Defendants' products, including but not limited to Bard IPCs; and

    6. whether the provider has ever been employed by or under contract with Defendant(s).

9. For each facility where a Device was implanted in Plaintiff, set forth the number and type of Bard IPCs purchased from you or otherwise provided by you for a 4-year period (spanning from 2 years before the implant of the Device until 2 years afterward). Produce documentation reflecting same if available. If there are no records of such sales to that facility during the time period in question, identify any distributors or Group Purchasing Organizations known to the Defendants that may have supplied Bard IPCs to the facility, or the names of all purchasers of such products from the lot number(s) identified in the Plaintiff Fact Sheet.

B. SALES REPRESENTATIVE & OTHER RELATED CONTACTS

As to each of Defendants' Sales Representatives, who was assigned to the geographic area where the implanting facility is located and during the two-year period up to and including

the date(s) of implant ("Representative"), please:

1. Identify the identity and last known home address and telephone number of the Representative.

2. Set forth the work history with you and current relationship, if any, between Defendant(s) and the Representative.

3. Identify the identity of the Representative's supervisor(s) during his/her Employment.

4. For each Representative, produce the most current curriculum vitae or resume. If you are not in possession of a curriculum vitae or resume, produce the portion of that person's personnel file that reflects their educational background and experience over the past 10 years to the present.

5. Set forth all information provided by the Healthcare Provider to the Representative with regard to Plaintiff.

6. Set forth all information provided to the Healthcare Provider by the Representatives to with regard to Plaintiff.

7. State whether the Representative while employed by you, or acting as an agent or independent contractor on your behalf, was ever reprimanded and/or otherwise penalized by Defendant(s) or any other person, entity, or government agency for his/her sales or marketing practices during the period of employment with you, and if so, set forth the details thereof.

III. INFORMATION REGARDING PLAINTIFF: COMMUNICATIONS AND RELATIONSHIPS WITH PLAINTIFF'S HEALTHCARE PROVIDERS

A. Identify all data, information, objects, and reports in Defendants' possession, custody, control, or that have been reviewed or analyzed by Defendants regarding Plaintiff's medical condition. This information includes but is not limited to any study or research that includes Plaintiff's specific Device or associated lot number.

B. Identify any direct or indirect contact, either written or oral, between the Plaintiff and any employee or representative of any Defendant, including but not limited to pre-operative inquiries, post-operative complaints, "Dear Healthcare Provider" letters, "Dear Doctor" letters, "Dear Colleague" letters, or other similar types of documents or letters concerning Bard IPCs, recall letters, and telephone or email contacts or meetings. This request specifically includes but is not limited to calls to any hotline operated or affiliated with any Defendant and calls to the Field Assurance Department.

C. Identify and produce any Physician's Information Request Letters ("PIR") or other similar information request that has ever been initiated between the Plaintiff and

any employee or representative of any Defendant relating to a Bard IPCs, and identify the date of the request, the recipient, the name and address of the sender or requestor, the corresponding Bates number of the request, and whether or not a response to the PIR or other similar information request was generated or provided.

D. Produce all communications between Plaintiff and any Defendant, including their Representative(s) identified in Section II.B, to the extent such communications are not contained in the complaint file, if any, and identify the Bates numbers of such communications.

E. Identify all Adverse Event Reports, Medical Device Reports, and all versions of any MedWatch forms and/or any other documents submitted to the FDA or any other government agency with regard to the Plaintiff.

F. If you have any evidence or records indicating or demonstrating the possibility that any person, entity, condition, or product, other than Defendants and their product(s), is a cause of the Plaintiff's injuries ("Alternate Cause"), please:

1. Identify the Alternate Cause with specificity; and

2. Set forth the date and mechanism of alternate causation.

G. For each Implanting Healthcare Provider, please respond to the following:

1. State whether you have or had access to any database or information that purports to track any Implanting Healthcare Provider's implanting practices with respect to Bard IPCs.

2. If yes, please produce or identify the database or document that contains that information.

IV. MANUFACTURING INFORMATION

A. Identify the lot number(s) for the Device(s) implanted into the Plaintiff.

B. Identify the location(s) and date of manufacture for each lot set forth in response to Section IV.A.

C. State whether Defendants ever recalled the lot set forth in response to Section IV.A.

D. Identify third parties which provided raw materials and/or components of the Device(s).

E. Identify the date of shipping and sale, and the person or entity purchasing, the Device(s).

F. Identify all manufacturing facilities and associated part number(s) of the Device(s).

G. Provide the chain of custody of the Device(s) from Defendants to the Healthcare Provider.

V. CONTACTS REGARDING PLAINTIFF

A. Have you been contacted by Plaintiff, his/her physicians, or anyone concerning Plaintiff?

B. If yes, please:

1. Identify the name of the person(s) who contacted you;

2. Identify the person(s) who were contacted including their name, address, and telephone number; and

3. Produce or identify any and all documents which reflect any communication between any person and you concerning Plaintiff.

VI. DOCUMENTS

Please ensure that the production of documents includes specific reference to the question to which the document is provided in response.

A. Identify and produce complete documentation of all information set forth in Section I through V above, except you may identify but not produce copies of medical records that were provided to Defendants by Plaintiff's counsel.

_____

[Bard Defendant Name]

_____

[Title]