U.S. ROCHE DEFENDANTS' CASE PROFILE FORM

For each case, the U.S. Roche Defendants must complete this Case Profile Form. This Case Profile Form must be completed and served on all counsel in the action identified in Section I below. Except as otherwise set forth in the Fact Sheet order, this must be answered and served 30 days after the date that the Plaintiff's Fact Sheet has been served on the U.S. Defendants, provided the Plaintiff's Fact sheet has provided a complete name and address for each prescribing physician.

You should attach additional sheets of paper if that is necessary to completely answer the following questions.

This defendant fact sheet pertains to the following	case:
Plaintiff Name:	
Civil Action No.	
MCN No	

II. Contacts With Dispensing Health Care Provider

I.

Case Information

A. Plaintiff identified persons or entities who prescribed or dispensed Accutane to plaintiff (hereinafter "Prescribing Health Care Provider"). For each Prescribing Health Care Provider, identify each "Dear Doctor" or "Dear Healthcare Provider" letter that you contend was actually sent to that Provider. If known, please: a.) identify by date and/or by bates number the letter(s) sent; b.) state the date that each letter was actually sent; c.) state the person to whom each letter was actually sent, d.) state the address where it was sent, e.) identify the database or documents that demonstrate these facts.

Prescriber Bate/Ba	es Bate Sent Recipient: Recipient's Sources	x

B. OTHER CONTACTS

For each Prescribing Health Care Provider identified, please identify the Accutane Roche sales representative(s), if any, provide his or her last known contact information, and current relationship, if any, with Roche:

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For each sales representative identified above, please state whether he/she is has been investigated or reprimanded for his/her Accutane marketing practices by either Roche or, if known, whether he/she is has been investigated or reprimanded for his/her Accutane marketing practices by some other governmental agency while at Roche:

By Roche:

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III. Consulting With Plaintiff's Dispensing Health Care Provider

1. Plaintiff identified his/her Prescribing Health Care Provider(s). If you have ever retained any of plaintiff's Prescribing Health Care Providers as a "thought leader," a member of Roche's Speaker Program, a Roche Clinical Investigator, or a consultant in any other capacity on the subject of the treatment of acne (including Accutane, RoAccutane), please state:

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2. Please identify or produce all responsive consulting agreements and contracts with each Prescribing Health Care Provider identified in 1, above.

Prescribing Health Care Provider

Identify consulting agreement(s) and/or contract(s)

3. Has plaintiff's Prescribing Health Care Provider ever contacted you to request information concerning Accutane, its indications, its effects and/or its risks?

Yes

No

If your answer is "yes," please identify or produce any document which refers to your communication with plaintiff's Prescribing Health Care Provider.

Prescribing Health
Care Provider

Identify document(s) referring to communication

IV. Plaintiff's Prescribing Health Care Provider's Prescribing Practices

In Plaintiff's fact sheet, plaintiff identified his/her Prescribing health care provider(s). For each listed provider, please state and produce the following:

1. Do you have or have you had access to any database or information which purports to track any of plaintiff's Prescribing healthcare provider's prescribing practices with respect to Accutane or any other prescription medication for acne (including, but not limited to the product(s) prescribed, the number or prescriptions, the number of refills and the time frame when these products were prescribed or (re) filled)

Yes No

If your answer is "yes," please produce or identify the database or document which captures that information.

V. <u>Plaintiff's Medical Condition</u>

1. Have you been contacted by Plaintiff, any of his/her physicians, or anyone on behalf of plaintiff concerning plaintiff other than Plaintiff's counsel?

Yes No

If your answer is "yes", please a.) state the name of the person(s) who contacted you, b.) state the person(s) who were contacted including their name, address and telephone number and, .c.) produce (if not yet produced) or identify any and all documents

which reflect any communication between any person and you concerning plaintiff:

Identity of person(s) who contacted Roche

Identity of person(s) contacted (name, address, telephone number) Identify document(s) reflecting communication concerning plaintiff

VI. Advertising

1. Did you advertise Accutane in the Media Market that plaintiff lived at the time that he/she took Accutane?

Yes No

2. If your answer to the preceding question is "yes," please identify all such advertising stating the nature of the advertisement (i.e., in magazines, newspapers, television or other media), the identity of the media outlet, the dates that the advertisements ran, and the cost of the ad campaign

Identify of the Advertisement and intended media marketplace	Nature of media (print of television)	Identity of the Dates that advertisements ran and cost of the campaign

Please provide or identify true and accurate copies of any advertisement identified above

3. Did you advertise Accutane in the Media Market that plaintiff's prescribing healthcare provider's office was located at the time that plaintiff took Accutane?

Yes No

4. If your answer to the preceding question is "yes," please identify all such advertising stating the nature of the advertisement (i.e., in

magazines, newspapers, television or other media), the identity of the media outlet and the dates that the advertisements ran.

Identity of the Advertisement and intended media marketplace	Nature of media Identity of the Dates that (print of television) media outlet advertisements ran and cost of the campaign

5. Did you conduct unbranded advertisement for acne products in the Media Market that plaintiff lived at the time that he/she took Accutane?

Yes No

6. If your answer to the preceding question is "yes," please identify all such advertising stating the nature of the advertisement (i.e., in magazines, newspapers, television or other media), the identity of the media outlet, the dates that the advertisements ran, and the cost of the ad campaign

Identity of the Advertisement and intended media marketplace	Nature of media (print of television)	Identity of the Dates that media outlet advertisements ran and cost of the campaign

Please provide or identify true and accurate copies of any advertisement identified above

7. Did you conduct unbranded advertisement for acne products in the Media Market that plaintiff's prescribing healthcare provider's office was located at the time that plaintiff took Accutane?

Yes No

8. If your answer to the preceding question is "yes," please identify all such advertising stating the nature of the advertisement (i.e., in magazines, newspapers, television or other media), the identity of the media outlet and the dates that the advertisements ran.

Identity of the Advertisement and	Nature of media Identity of the Dates that (print of television) media outlet advertisements ran
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VII. Drug Safety

1. Please produce from the drug safety file non-privileged material that predates filing of the lawsuit, and non-privileged material that postdates filing of the lawsuit except documents obtained through the litigation (e.g., complaints, answers, medicals and other records, and depositions or other discovery).

Please provide copies of true and accurate copies of any advertisement identified above

VIII. <u>Documents</u>

To the extent you have not already done so, please produce the following:

- 1. Any company records that refer or relate to plaintiff which has been provided to the company's outside defense counsel.
- 2. Any documents from plaintiff's prescribing physician pertaining to Accutane or the plaintiff which can be retrieved by Defendants in a search of those files in the company where such documents are likely to be kept.

CERTIFICATION

I have read the foregoing answers to U.S. Roche Defendants' Case Profile Form.

I hereby certify that the foregoing answers are the result of information either in my personal possession, or as acquired from company records and/or other individuals in the employ of Defendants Hoffmann-La Roche Inc. and/or Roche Laboratories Inc. and that the answers were prepared by counsel.

I declare under penalty of perjury that the answers contained herein are true and correct to the best of my knowledge.

			
Signature	Print name	Date	

Defendants Hoffmann-La Roche Inc. and Roche Laboratories Inc.