

IN RE: FOSAMAX LITIGATION

**SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: ATLANTIC COUNTY**

CASE NO. 282

CIVIL ACTION

**[INSERT INDIVIDUAL CASE
CAPTION]**

DEFENDANT MERCK CASE PROFILE FORM

For each case, Defendant Merck 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. This must be answered and served 60 days after the date that the Plaintiff's Profile Form, complete in all material respects, has been served on Defendant Merck & Co.

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

I. CASE INFORMATION

This defendant fact sheet pertains to the following case:

Case caption: _____

Civil Action No. _____

II. CONTACTS WITH PRESCRIBING HEALTH CARE PROVIDER

In Section _____ of Plaintiff's Profile Form, plaintiff identified persons or entities who prescribed or dispensed Fosamax or Fosamax Plus D to plaintiff (hereinafter "Prescribing Health Care Provider"). For each Prescribing Health Care Provider identified, please state and, where requested, provide the following:

A. Dear Doctor or Dear Healthcare Provider Letters:

1. For each "Dear Doctor" or "Dear Healthcare Provider" letter that you contend was *actually sent* to plaintiff's Prescribing Health Care Provider, please: a.) identify the letter sent; b.) state the date that each letter was actually sent to plaintiff's Prescribing Health Care Provider; 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 and, f.) identify the persons who provided information responsive to this request.

NOTE: Please attach hereto a copy of each letter allegedly sent to plaintiff's Prescribing Health Care Provider.

2. In addition, Merck will identify any Professional Information Request letters concerning Fosamax or Fosamax Plus D that Merck contends or believes were actually sent to the Plaintiff's Prescribing Health Care Provider identified in Section ____ of the Plaintiff's Profile Form within the relevant time period set forth above. Merck will also identify (a) the date that each letter was sent to Plaintiff's Prescribing Health Care Provider; and (b) the address where each letter was sent.

B. Other Contacts

1. For each Prescribing Health Care Provider identified, please identify all contacts between Merck sales representatives and that provider concerning Fosamax or Fosamax Plus D and please produce the following information:

Plaintiff's Prescribing Health Care Provider	The current relationship, if any, between Merck and the sales representative	Identity and last known address and telephone number for former Merck representative	Date(s) of Contact

2. For each Prescribing Health Care Provider, please state whether Merck or its representatives ever provided him or her Fosamax or Fosamax Plus D samples. If the answer is "yes," please state:
 - a) The number of sample packets provided and the dosages provided;
 - b) The dates that they were shipped and/or provided;

- c) The lot numbers for the samples provided on each date identified;
- d) The identity of the person or persons who provided the samples.

C. Consulting With Plaintiff's Prescribing Health Care Provider

1 In Section _____ of Plaintiff's Profile Form, 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" or "advocate", a member of Merck's Speaker Program, a Merck Clinical Investigator, or a consultant in any other capacity on the subject of osteoporosis medications, please state:

a) The identity of the Prescribing Health Care Provider consultant:

_____.

b) The dates they were affiliated with Merck:

c) The amount of money Merck paid in expenses, honoraria and fees, per calendar year.

d) Please identify or produce all consulting agreements and contracts.

2. For each of plaintiff's Prescribing Health Care Providers identified in section II.C.1 (a) above, please state whether they were ever invited to attend and/or did in fact attend any Merck sponsored conferences or events. If your answer is "yes," please state:

a) The identity of the Prescribing Health Care Provider attendee:

_____.

b) The title, location and date of the speaker's program attended:

c) The topic of the speaker's program:

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

Yes

No

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

III. PLAINTIFF'S PRESCRIBING HEALTH CARE PROVIDER'S PRESCRIBING PRACTICES

In Section ____ of Plaintiff's Profile Form, 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 Health Care Provider's prescribing practices with respect to Fosamax, Fosamax Plus D, or any other osteoporosis medication (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.

IV. PLAINTIFF'S MEDICAL CONDITION

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

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 or identify any and all documents which reflect any communication between any person and you concerning plaintiff.

2. Please produce a copy of any MedWatch form which refers or relates to plaintiff, including back-up documentation concerning plaintiff and any evaluation you did concerning the plaintiff.
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V. DOCUMENTS

To the extent you have not already done so, please produce a copy of the following documents. These include documents in your possession, including information provided to your attorneys:

1. Any document which relates to or refers to plaintiff.
2. Any document sent to or received from any of plaintiff's prescribing physicians.
3. Any document reflecting any actual communication between you and plaintiff's prescribing physician's concerning the risks associated with Fosamax or Fosamax Plus D.
4. Any document which purports to describe the prescribing practices of any of plaintiff's prescribing physicians.

CERTIFICATION

I declare under penalty of perjury that all of the information provided in this Case Profile Form is true and correct to the best of my knowledge and that I have supplied all requested documents to the extent that such documents are in my possession, custody and control (including the custody and control of my lawyers).

Signature

Print name

Date