IN RE ALLERGAN BIOCELL TEXTURED BREAST IMPLANT PRODUCTS LIABILITY LITIGATION	**SUPERIOR COURT OF NEW JERSEY LAW DIVISION: BERGEN COUNTY** **CASE NO. 634** **MASTER DOCKET NO. BER-L-5064-20** All prior orders remain in full force and effect except as modified by this Order.

CASE MANAGEMENT ORDER # 9
(Implementation of Plaintiff Fact Sheet and Defense Fact Sheet for Personal Injury Cases)

The Court finds that the Parties have conferred regarding a Case Management Order addressing Plaintiff Fact Sheets and Defendant Fact Sheets to be utilized in this Multicounty Litigation ("MCL"). The Parties having stipulated thereto, and for other good cause shown, it is **ORDERED** as follows:

I. SCOPE OF THE ORDER

This Order shall apply to all cases currently pending in MCL 634 and to all related actions that have been or will in the future be originally filed in or transferred to or remanded to MCL 634 that involve a Plaintiff who has (a) been diagnosed with BIA-ALCL, or (b) not been diagnosed with BIA-ALCL but has undergone a surgical explant of a recalled Biocell device ("revision surgery"). Individual injury cases that do not involve a diagnosis of BIA-ALCL or a revision surgery will be addressed in a later Case Management Order. This Order is binding on all parties and their counsel in all such cases.

II. PLAINTIFF FACT SHEET

A. The Court approves the use of the Plaintiff Fact Sheet ("PFS") attached as **Exhibit A**, which shall be completed pursuant to the schedule set forth below by each Plaintiff who has filed an individual case alleging a diagnosis of BIA-ALCL, plus, during the first wave of PFS/DFS

exchange, by 25 Plaintiffs who have not been diagnosed with BIA-ALCL but who underwent a revision surgery.

B. The responses to the PFS shall be treated as answers to interrogatories and responses to requests for production of documents under the New Jersey Court Rules ("Rules") and shall be supplemented in a timely manner in accordance with the Rules.

C. Absent a stipulation between the parties or leave of Court upon a showing of good cause, Defendants will not seek to serve any further written discovery upon an individual Plaintiff in this litigation until such time as a Plaintiff has been selected as an Initial Bellwether Trial Plaintiff, and Plaintiffs preserve any and all objections to such future written discovery requests.

D. The PFS shall be completed without objections though Plaintiffs may withhold or redact information from medical or other records based upon a recognized privilege or relevance. Defendants shall be supplied with a privilege/redaction log.

E. The PFS will not be interpreted to limit the scope of inquiry at depositions or whether evidence is admissible at trial. The admissibility of information in the PFS is governed by the Rules and New Jersey Rules of Evidence, and objections to admissibility are not waived by virtue of the completion and service of a PFS.

III. DEADLINES AND SERVICE FOR FIRST WAVE OF PFS/DFS EXCHANGE

A. The Parties have met and conferred and have agreed that the first wave of PFS/DFS exchange will include: (a) all Plaintiffs who have already filed a case alleging that they have been diagnosed with BIA-ALCL as of the date of this Order (there are currently approximately 30 such Plaintiffs), and any additional such plaintiffs who file a case alleging that they have been diagnosed with BIA-ALCL within the next thirty (30) days; plus (b) twenty-five (23) Plaintiffs who allege that they have not been diagnosed with BIA-ALCL but have undergone a revision surgery The

Parties will exchange lists of selected cases on an agreed date and time within 30 days of the date of this Order of the twenty-five (25) revision surgery cases that they propose to be selected for the first wave of PFS/DFS exchange. Plaintiffs will propose fifteen (15) revision cases and Defendants will propose ten (10) revision cases. Said lists shall contain the following data points with respect to each Plaintiff: Plaintiff's counsel; Plaintiff's state of residence; implant model(s), date[s] of implant; date[s] of explant/revision; implanting and explanting doctors; and whether Plaintiff received her implants for breast reconstruction or cosmetic augmentation.

B. Any Plaintiff who undergoes an additional breast surgery after having already completed and uploaded a PFS pursuant to this Order shall supplement her PFS no later than sixty (60) days from the date of the revision surgery or thirty (30) days from the date that their counsel becomes aware of the revision surgery or procedure, whichever is later. Such Plaintiff must also provide with the supplement any updated authorizations for the release of medical records and all responsive non-privileged documents in their possession to the extent not previously produced, relating to the revision surgery.

C. If a Plaintiff or any representative of a Plaintiff who completes a PFS learns that any response is incomplete or incorrect, that Plaintiff or representative must supplement the pertinent response(s) to provide the corrected or additional information in a timely manner.

D. An individual Plaintiff and Allergan may agree to a reasonable extension of the time limits set forth herein for service of the PFS (or supplement following a breast revision surgery). Plaintiffs' Liaison Counsel must be copied on all extension requests. If the individual Plaintiff and Allergan cannot agree on an extension of time, then the party seeking the extension may apply to the Court for relief upon a showing of good cause.

E. Plaintiffs and Allergan shall use the online Centrality System provided by BrownGreer PLC in connection with the Allergan MDL and accessible at www.mdlcentrality.com/allergan to complete and serve Plaintiff Fact Sheets and the accompanying documentation, and Defense Fact Sheets and the accompanying documentation. See Case Management Order No. ___ (Service of Fact Sheets, and Authorizations through MDL Centrality).

IV. PROCEDURES FOR NON-COMPLIANT PFS

A. Failure to Serve a PFS

1. Should a Plaintiff subject to this Order (i.e., the diagnosed BIA-ALCL Plaintiffs plus the 25 revision surgery Plaintiffs selected to do so as set forth above), fail to upload a PFS within ninety (90) days from the date of this Order, Defendants may serve a Notice of Non-Compliance via email upon the individual plaintiff's counsel and Plaintiffs' Liaison Counsel. The Notice of Non-Compliance shall be in spreadsheet format and shall include columns for the first and last name of the Plaintiff, the date the Short Form Complaint was filed, the name and contact information of the Plaintiff's counsel, the Plaintiff's MDL Centrality number, and a detailed description of the asserted discovery non-compliance.

2. The parties' meet and confer obligations, if any, shall begin upon receipt by the individual plaintiff's counsel and Plaintiffs' Liaison Counsel of the Notice of Non-Compliance and, absent agreement of the parties, shall be completed within thirty (30) days.

3. Should a Plaintiff subject to this Order fail to upload the PFS within the thirty (30) day period from when the Notice of Non-Compliance was emailed, Defendants may then move the Court for dismissal of the action without prejudice. Any response to such a motion shall be filed and served within twenty-one (21) days, and any reply shall be filed within ten (10) days. If

the PFS is uploaded before the Court rules, the motion for dismissal of the action without prejudice shall automatically be deemed to have been withdrawn.

B. Service of a Deficient PFS

1. If Defendants receive a PFS that is not materially complete, Allergan may serve a Notice of Non-Compliance upon the individual plaintiff's counsel and Plaintiffs' Liaison Counsel detailing the alleged deficiency and the parties shall meet and confer. A non-materially complete PFS may include for purposes of this section a PFS which is missing any requisite authorization form and production of records but shall not include PFSs with minor information missing such as zip codes, addresses, or dates. The Notice of Non-Compliance shall be in spreadsheet format and shall include columns for the first and last name of the Plaintiff, the date the Short Form Complaint was filed, the name and contact information of the Plaintiff's counsel, the Plaintiff's MDL Centrality number, and a detailed description of the specific asserted discovery non-compliance. Within thirty (30) days of being identified on a Notice of Non-Compliance, the applicable Plaintiff shall attempt to cure the alleged deficiencies by uploading the required responsive information and/or documents to the applicable document-type field on MDL Centrality.

2. If a PFS remains materially deficient after this thirty (30) day period, Allergan and counsel for the Plaintiff, and Plaintiffs' Liaison Counsel shall meet and confer, and thereafter, if any dispute remains, Defendants may file a motion to compel with the Court. Any response to that motion shall be filed within fourteen (14) days, and any reply shall be filed within seven (7) days.

V. PRODUCTION OF DOCUMENTS/AUTHORIZATIONS

A. Contemporaneous with the submission of a PFS, each Plaintiff subject to this Order shall also produce blank, signed authorizations (hereafter, "Authorizations") (already agreed to by the Parties), which are attached to the PFS and shall be located in PDF fillable format on the

Court's website, for the release to BrownGreer, PLC of, where applicable to that person's case, medical, psychological, insurance, employment, workers' compensation, Medicare/Medicaid, and Social Security records from any healthcare provider, hospital, clinic, outpatient treatment center, and/or any other entity, institution, agency or other custodian of records identified in the PFS. The signed Authorizations shall be undated and shall constitute permission for Allergan, utilizing the process set forth below, to obtain the records specified in the authorizations.

B. With respect to Authorizations provided that are dated, Allergan or its vendor issuing the Authorizations are authorized to re-date the Authorizations to the date they are sent to the healthcare providers and other entities that require Authorizations. Allergan and its vendor shall also be permitted to "white out" the date and re-date after three (3) business days' notice to Plaintiffs' Liaison Counsel.

C. In the event an institution, agency, or medical provider to which a signed authorization is presented refuses to provide responsive records, the individual Plaintiff's attorney shall attempt to resolve the issue with the institution, agency, or provider, such that the necessary records are produced. Should a particular form be required, Allergan will provide it to the Plaintiff's individual counsel, who shall have their client execute and return it within twenty-one (21) days unless there is a specific objection to doing so.

D. Allergan agrees that none of the records obtained pursuant to these Authorizations shall be disclosed to anyone not associated with this lawsuit, shall be used only for purposes of this lawsuit, and that at the conclusion of this case, either through settlement or judgment, all records obtained pursuant to this CMO including copies (including electronic copies) shall be destroyed and/or returned to the Plaintiff's individual counsel and no copies thereof shall be kept by the defense, or any expert, consultant, or contractor retained by the defense.

E. Within five (5) business days after the submission of a PFS, each Plaintiff shall upload to MDL Centrality any relevant, non-privileged medical records in their possession that are responsive to the PFS.

F. All records obtained pursuant to an Authorization provided by any Plaintiff pursuant to this Order are automatically deemed as being Highly Confidential pursuant to the terms of the Protective Order entered in this MCL.

G. Recognizing the privacy protections afforded individuals regarding their medical and other personal records, all requests for the production of documents or information made pursuant to any Authorization form utilized by Allergan in this litigation shall direct that all responses and all productions of documents be made only to BrownGreer PLC. Upon receipt of any record, BrownGreer PLC shall provide written notice via email to the individual Plaintiff's counsel as well as to Plaintiffs' Liaison Counsel and/or their designees (collectively, the "Review Attorneys"), alerting them to the availability of new records and sole access to same utilizing the MDL Centrality system. The Review Attorneys shall have ten (10) business days from receipt of the written notice to have sole access to review the records and redact same. On the 11th business day, the records, subject to any redactions submitted by the Review Attorneys, will then be made available to Allergan electronically by BrownGreer, PLC utilizing the MDL Centrality system. If a record pertains solely to mental health and/or sexual abuse and the Review Attorneys redact the record in its entirety, the record, or existence of same, will not be disclosed to Allergan. Otherwise, Allergan will receive a log of any documents that are redacted for relevance or privilege. The Parties acknowledge that a Plaintiff who has alleged emotional distress or a similar claim beyond garden-variety emotional distress not requiring treatment has put into question their mental health and therefore Allergan is entitled to obtain and review records supporting same.

H. BrownGreer PLC will sign a written agreement in a form agreeable to Plaintiffs' Liaison Counsel and Allergan outlining the above process and its role and responsibilities outlined herein and will work with the Parties to set up/train on how to use their document portal and the process by which the Review Attorneys will review and submit redactions.

VI. DEFENSE FACT SHEET

A. The Court hereby approves the form of Defense Fact Sheet ("DFS") attached hereto as **Exhibit B**.

B. For each Plaintiff who serves a materially completed PFS pursuant to this Order, Defendants will serve a corresponding DFS on Plaintiffs' Liaison Counsel within ninety (90) days from the date of service of the completed PFS. Defendants will serve the DFS and any responsive documents through MDL Centrality.

C. If a Plaintiff supplements their PFS in such a manner as to require a supplemental response from Defendants, then Plaintiffs' Counsel shall notify Defendants and request in writing that Defendants provide an updated DFS within thirty (30) days.

D. The parties may agree to reasonable extensions of these deadlines and if the parties cannot agree on any requested extension, the party seeking the extension may apply to the Court for relief upon a showing of good cause.

E. The individual Plaintiffs who are part of the first wave of PFS/DFS exchange for personal injury cases will not seek to serve further written individual discovery concerning their individual claims upon Defendants until such time as a Plaintiff is selected as an Initial Bellwether Trial Plaintiff, absent a stipulation between the parties or leave of Court, and Defendants preserve any and all objections to such future written discovery requests.

VII. NONCOMPLIANT DFS

A. If Defendants do not provide a DFS by the above deadline in section VI.B, the Plaintiff may, after meeting and conferring with Defendants' Counsel, file a motion to compel with the Court or request other relief supported by law. Any response to that motion shall be filed within fourteen (14) days, and any reply shall be filed within seven (7) days.

B. If Defendants provide a DFS that is not materially complete by the above deadline, Defendants and the individual plaintiff's counsel and Plaintiffs' Liaison Counsel shall promptly meet and confer, and if the dispute remains unresolved, the Plaintiff may file a motion to compel with the Court or seek other relief supported by law. Any response to that motion shall be filed within fourteen (14) days, and any reply shall be filed within seven (7) days.

Dated:

HON. RACHELLE L. HARZ, J.S.C.

IN RE ALLERGAN BIOCELL TEXTURED BREAST IMPLANT PRODUCTS LIABILITY LITIGATION **This document relates to:** **[PLAINTIFFS]**	**SUPERIOR COURT OF NEW JERSEY** **LAW DIVISION: BERGEN COUNTY** **DOCKET NO.: BER-L-XXXX-XX** **MASTER DOCKET NO. BER-L-5064-20** **MCL CASE NO. 634**

DEFENSE FACT SHEET

For each Plaintiff who submits a materially completed Plaintiff Fact Sheet ("PFS"), Allergan (as defined below) is required to complete this Defense Fact Sheet ("DFS") within ninety (90) days from the date of service of the completed PFS.

In producing documents, Allergan is under oath and must provide information that is true and correct to the best of its knowledge. Allergan must furnish all documents in its possession, custody, or control, regardless of whether such documents or materials are possessed directly by Allergan or sales representatives or its directors, officers, agents, employees, representatives, subsidiaries, managing agents, affiliates, investigators, or by its attorneys or their agents, employees, representatives, or investigators.

These requests are continuing in nature, and Allergan is required to supplement its responses to these requests if it acquires responsive information after serving its responses, or if it learns that any response is incomplete or incorrect. Supplementation must occur promptly upon discovery of the need to supplement and extends up to the time of trial. Any amended or corrected DFS must also include a new signed/dated verification.

I. DEFINITIONS

A. "ALLERGAN" means Defendants Allergan, Inc., Allergan USA, Inc., and the entities identified in the Proper Party Stipulation and Order entered August 6, 2020, including their predecessors and successors in interest; present and former officers, representatives, directors, agents (as defined below), and employees; parents, subsidiaries, divisions, entities, and affiliated companies; and any other persons or entities acting, or purporting to act, on behalf of such Defendants, including third parties.

B. "AGENT" means any agent, employee, officer, director, attorney, independent contractor, or any other person acting at the direction of or on behalf of another.

C. "BIOCELL device(s)" means any and all textured breast implants or textured breast expanders manufactured by or on behalf of ALLERGAN.

D. "COMMUNICATION AND/OR CORRESPONDENCE" means any oral, written, or electronic transmission of information, including, without limitation, via meetings, discussions, conversations, calls, memoranda, letters, emails, text messages, conferences, seminars, or any other exchange of information between ALLERGAN and any other person or entity.

E. "DOCUMENTS" or "DOCUMENTATION" means documents or electronically stored information, including writings, drawings, graphs, charts, photographs, sound records, images, and any other data

or data compilations, stored in any medium from which information can be obtained directly and shall be construed in the broadest sense, consistent with Federal Rule of Civil Procedure 34(a)(1)(A).

F. "PERSON" means any individual, corporation, proprietorship, partnership, trust, association, or any other entity, including their officers, directors, employees, and actual and/or apparent agents.

G. "RELATING TO," "RELATE TO," "REFERRING TO," "REFER TO," "REFLECTING," "REFLECT," "CONCERNING," or "CONCERN" shall mean evidencing, regarding, concerning, discussing, embodying, describing, summarizing, containing, constituting, showing, mentioning, reflecting, pertaining to, dealing with, relating to, referring to in any way or manner, or in any way logically or factually, connecting with the matter described in that paragraph of these demands, including documents attached to or used in the preparation of or concerning the preparation of the documents.

H. "SALES REPRESENTATIVE" means anyone acting on behalf of ALLERGAN at any time to sell, promote, market, solicit for sale, provide education about, negotiate costs, offer samples, or demonstrations of BIOCELL device(s), including calling on physicians or other healthcare professionals, healthcare facilities, hospitals, or physician practice groups.

I. "REMUNERATION" means any direct or indirect payments to the recipient of monetary value in cash or in kind, and includes, without limitation, samples, discounts, rebates, in-kind items for charity care, educational materials intended for patients, medical devices loaned for clinical trials, and warranty services.

J. "TREATING HEALTHCARE PROVIDER(S)" means any provider of healthcare, including but not limited to, physicians, surgeons, medical specialists, medical or osteopathic physicians, surgeons, general surgeons, plastic surgeons, ENT surgeons, or other specialists or general practitioners engaged at any time in prescribing, implanting, or explanting BIOCELL device(s) in Plaintiff.

K. "KEY OPINION LEADER" or "THOUGHT LEADER" or "SPOKESPERSON" means doctors (MD, PhD, DO) or medical professionals hired by, consulted with, or retained by ALLERGAN to consult, give lectures, respond to media inquiries, conduct clinical trials, contribute to articles or abstracts or poster presentations, sit on advisory boards or make presentations on behalf of ALLERGAN at regulatory meetings or hearings, among other things.

II. CASE INFORMATION

This DFS pertains to the following case:

Case Caption:
Docket No.:

III. CONTACTS WITH PLAINTIFF'S PHYSICIANS

A. CONSULTATION AND OTHER NON-SALES REPRESENTATIVE CONTACTS

As to each TREATING HEALTHCARE PROVIDER identified by Plaintiff in her PFS with whom ALLERGAN was affiliated, consulted, communicated, or otherwise had contact outside the context of sales representative contacts, set forth the following information:

1. Identify the TREATING HEALTHCARE PROVIDER.

2. Identify each ALLERGAN AGENT, employee, or representative by name, address, title, and job description, as of the time of the contact.

3. Describe in detail ALLERGAN's contact and affiliation with the TREATING HEALTHCARE PROVIDER.

4. Set forth any REMUNERATION provided to the TREATING HEALTHCARE PROVIDER by ALLERGAN, including amounts, dates, and purpose which related in any way to any BIOCELL device(s).

5. For any BIOCELL device(s) manufactured by ALLERGAN, set forth any training or seminar provided to or by the TREATING HEALTHCARE PROVIDER; including but not limited to date, location, TREATING HEALTHCARE PROVIDER'S role, cost for attending such training or seminar, and subject matter. If the training or seminar was led or conducted by any KEY OPINION LEADER (s), identify all such individuals.

6. Identify and produce any written agreements, contracts, letters, memoranda, or other documents setting forth the nature of the contact with and terms or nature of any contact or affiliation with the TREATING HEALTHCARE PROVIDER; this includes but is not limited to any agreements to market, promote, and/or research or otherwise study any BIOCELL devices.

7. Set forth the number of procedures performed by the TREATING HEALTHCARE PROVIDER, to either implant or remove any of the BIOCELL devices, the device(s) used.

8. Set forth the sales numbers of all BIOCELL device(s) provided to the TREATING HEALTHCARE PROVIDER who implanted the BIOCELL devices in Plaintiff, as well as for the facility where Plaintiff's implant occurred.

9. Set forth and describe in detail any contact between ALLERGAN and the TREATING HEALTHCARE PROVIDER with regard to Plaintiff.

10. Set forth all information provided by the TREATING HEALTHCARE PROVIDER to ALLERGAN with regard to any BIOCELL device(s), including but not limited to concerning their safety, use, and efficacy.

11. If the TREATING HEALTHCARE PROVIDER was given or furnished samples of BIOCELL device(s), identify the dates on which such samples were provided, the number and types of samples provided, and the individuals who provided the samples, and identify the lot, serial, or other numbers or identifying information.

12. State whether the TREATING HEALTHCARE PROVIDER has ever served as a "KEY OPINION LEADER"; "THOUGHT LEADER" or "SPOKESPERSON" on behalf of ALLERGAN with respect to BIOCELL device(s) or breast implants.

B. SALES REPRESENTATIVE CONTACTS

As to each SALES REPRESENTATIVE who had any contact with a TREATING HEALTHCARE PROVIDER identified in Plaintiff's PFS, beginning ten (10) years prior to the implantation surgery date, set forth the following:

1. Identity of TREATING HEALTHCARE PROVIDER.

2. Identity and last known address and telephone number of the SALES REPRESENTATIVE[S].

3. The work history and current relationship, if any, between ALLERGAN and the SALES REPRESENTATIVE.

4. Identity of the SALES REPRESENTATIVE's supervisor(s) during his/her employment for the response period.

5. The BIOCELL device(s) that the SALES REPRESENTATIVE marketed, sampled, provided to, or otherwise presented to or discussed with the TREATING HEALTHCARE PROVIDER.

6. Identify all sales and marketing literature or other information utilized or referenced by the SALES REPRESENTATIVE in communications with the TREATING HEALTHCARE PROVIDER with regard to the BIOCELL device(s).

7. Set forth the details of all training and instruction provided to the SALES REPRESENTATIVE with regard to the sale and marketing of the BIOCELL device(s).

8. Set forth all information provided by the SALES REPRESENTATIVE to the TREATING HEALTHCARE PROVIDER with regard to the safety, use, or efficacy of the BIOCELL device(s).

9. Set forth all information provided by the TREATING HEALTHCARE PROVIDER to the SALES REPRESENTATIVE with regard to the safety, use, or efficacy of the BIOCELL device(s).

10. Set forth all information provided by the TREATING HEALTHCARE PROVIDER to the SALES REPRESENTATIVE with regard to Plaintiff.

11. Set forth the date and location of each operation or procedure performed on Plaintiff that was attended by the SALES REPRESENTATIVE; or whether the SALES REPRESENTATIVE was present at the identified facility on the date of implantation or explanation.

IV. INFORMATION REGARDING PLAINTIFF

A. Produce all documents, including, without limitation, Med Watch Adverse Event Reports, submitted by ALLERGAN to the FDA or any other government agency with regard to Plaintiff, Plaintiff's BIOCELL device(s), and/or the lot numbers of Plaintiff's BIOCELL device(s).

B. Identify any and all direct or indirect contacts, written or oral, between Plaintiff and ALLERGAN, including, without limitation, any employee, contractor, or representative of ALLERGAN, and including, without limitation, any pre- operative or post-operative inquiries or complaints. For any contact, state the names of all persons involved, the date the contact took place, the substance of the contact, and produce all related documents.

C. If a sales representative or their supervisor or an employee, agent, or contractor of ALLERGAN attended an operation or, procedure, or consultation performed on Plaintiff, identify the date and location of the operation or, procedure, or consultation, the health care provider performing it, and the name and position of each person who attended.

D. Identify, including by Bates number, all written information concerning the BIOCELL device(s) implanted in Plaintiff that was provided to Plaintiff and/or her TREATING HEALTHCARE PROVIDER, before Plaintiff was implanted with the BIOCELL device(s).

E. Set forth in detail any information or knowledge that Allergan has with respect to research studies conducted on or that include information related to Plaintiff's BIOCELL device(s) and/or associated lot number(s), and list in detail all such research studies, including by author(s) and date.

F. Describe in detail the circumstances under which ALLERGAN decided to recall the specific BIOCELL device(s) that were implanted in Plaintiff, and why those specific BIOCELL device(s) (by serial number and/or lot number) were included in the recall.

G. If ALLERGAN contends that Plaintiff or any representative of Plaintiff executed a release or otherwise released any claims that have been asserted in this litigation, set forth the date of the release,

who requested the release, who signed the release, the consideration for the release, and list the claims that Allergan asserts have been released. Produce a copy of any and all such releases

V. MANUFACTURING / BIOCELL DEVICE INFORMATION

A. Identify by Bates number and produce the device history record and batch record, and any other manufacturing records for the serial numbers and lot numbers identified for the BIOCELL device(s) implanted in Plaintiff.

B. For each of Plaintiff's BIOCELL device(s), produce all complaints, complaint file(s), including, without limitation, medical records, complaint detail, MedWatch form, MedWatch form supplements, and retrieval analysis report, if any, for Plaintiff, or identify the corresponding Bates number if the complaint file has already been produced.

C. Provide the identification number for any Medical Device Adverse Event Report/MedWatch Adverse Event Report regarding Plaintiff.

VI. EXPLANTED DEVICES

A. For any Plaintiff who indicates in their PFS that the location of the explanted BIOCELL device(s) is unknown, ALLERGAN shall conduct a reasonable search to determine if Plaintiff's BIOCELL device(s) is or has ever been in ALLERGAN's possession, custody, or control, and if so, shall identify the location or last known location of the explanted BIOCELL device(s).

B. If ALLERGAN has at any point in time had the explanted BIOCELL device(s) in its possession, custody, or control, it shall provide the chain of custody for the BIOCELL device(s).

VII. ADDITIONAL DOCUMENT REQUESTS[1]

A. Identify and produce all documents and information disclosed in response to Sections I through VI above except that ALLERGAN may identify by Bates number but not serve copies of medical records or documents that were previously produced by Plaintiff.

B. Produce all records, documents, and information DFS that refer to Plaintiff or any of Plaintiff's TREATING HEALTHCARE PROVIDERS by name (excepting documents already produced by Plaintiff).

[1] If Allergan has already produced a document responsive to any request herein, it may choose to identify the document by Bates number instead of reproducing it.

C. Identify and produce any research or patient studies that were conducted by any person concerning BIOCELL device(s) found in any lot number associated with any BIOCELL device(s) implanted in Plaintiff.

D. For each Sales Representative who contacted the TREATING HEALTHCARE PROVIDER, produce all documents concerning each contact between the Prescribing Healthcare Provider and the Sales Representative regarding BIOCELL device(s), including, without limitation, call notes, emails, and other communications.

E. Produce all Dear Doctor, Dear Healthcare Provider, Dear Colleague, or similar types of letters or documents regarding BIOCELL device(s) sent by ALLERGAN to Plaintiff's TREATING HEALTHCARE PROVIDER(S) identified in the PFS.

F. Produce all marketing information and documentation related to the BIOCELL device(s) that have been made available to Plaintiff's TREATING HEALTHCARE PROVIDER(S).

G. Produce all documents and information sufficient to identify all REMUNERATION of any kind provided to Plaintiff's TREATING HEALTHCARE PROVIDER(S) related to BIOCELL device(s).

H. For each of Plaintiff's TREATING HEALTHCARE PROVIDER(S), produce all documents or information that documents, tracks or monitors their prescribing, implanting, and/or explanting practices concerning BIOCELL device(s).

DECLARATION

I, _____, declare under penalty of perjury, subject to all applicable laws, as follows:

I am a representative and agent of Allergan, employed by _____, and I am authorized for the purposes of this litigation, to certify that the answers and responses of the Allergan Defendants as set forth in this Defense Fact Sheet have been assembled by authorized employees and counsel for the Allergan Defendants, and I am informed that the facts stated therein are true. I hereby declare, in my authorized capacity as a representative and agent for the Allergan Defendants, that the answers and responses set forth in the Defense Fact Sheet are true and complete to the best of the Allergan Defendants' knowledge, information and belief, and it was formed after due diligence and reasonable inquiry.

Date: _____

_____
Print Name:
Title:
Employer:

IN RE ALLERGAN BIOCELL TEXTURED BREAST IMPLANT PRODUCTS LIABILITY LITIGATION	**SUPERIOR COURT OF NEW JERSEY LAW DIVISION: BERGEN COUNTY DOCKET NO.: BER-L-XXXX-XX**
This document relates to:	**MASTER DOCKET NO. BER-L-5064-20 MCL CASE NO. 634**
[PLAINTIFFS]	

PERSONAL INJURY PLAINTIFF FACT SHEET

INSTRUCTIONS

1. In completing this Plaintiff Fact Sheet ("PFS"), you are under oath and must provide information that is true and correct to the best of your knowledge.

2. You must make your best effort to answer every question as specifically as possible. If you cannot recall all the details requested, please provide as much information as you can. For example, if a question asks for a date and the exact date is not known, an approximate date should be provided (*e.g.*, "approximately mid-2019"). If you do not know the answer to the question and cannot approximate, please state "Unknown." **Do not leave any question unanswered or blank.**

3. You are under a continuing obligation to supplement your responses should you learn that they are incomplete or incorrect, or if you obtain further information. Supplementation must occur promptly upon discovery of the need to supplement and extends up to the time of trial. Any amended or corrected PFS must also include a new signed/dated verification.

4. You may be assisted by counsel in the completion of this PFS.

5. In addition to paper or hard-copy documents, your searches should include searches of sources that may contain ESI relevant to your case, including but not limited to: (i) text messages, including messaging applications (*e.g.*, WhatsApp, Facebook Messenger); (ii) electronic devices you have used (*e.g.*, desktop or laptop computers, tablets, mobile phones, digital cameras); (iii) other hardware storage devices you have used (*e.g.*, external hard drives, memory cards, USB or thumb drives, CDs, DVDs); (iv) social media you have used (*e.g.*, Facebook, Instagram, LinkedIn, Twitter, Tumblr, YouTube, Pinterest, or other online collaboration tools such as Google+ or Yahoo! Groups); (v) any website where you have made online postings (*e.g.*, blogs, message boards, Reddit, etc.); and (v) cloud storage you have used (*e.g.*, DropBox, Microsoft Office365 Account, Google Drive, iCloud, Amazon Drive, etc.). The Parties, however, have agreed that production of documents or ESI from social media websites is reserved for those selected as Bellwether Discovery Plaintiffs.

6. You are under a duty to preserve documents and ESI that potentially may be relevant to this case, including documents and ESI from the sources listed above. **You should not destroy any such documents or ESI, and you should take reasonable steps to halt processes (manual or automatic) that would result in the deletion or destruction of data from these sources.**

7. If your answer to any question exceeds the space provided, you should attach as many sheets of paper as necessary to fully answer each of these questions.

DEFINITIONS

Biocell Product User ("BPU"), You, or Your: In filling out this PFS, the terms "BPU", "You" or "Your" refer to the person whose use of Biocell Textured Breast Implant ("Biocell") product(s) allegedly caused or contributed to the injuries alleged in this lawsuit.

Plaintiff: The person bringing the lawsuit for which this PFS is being completed. If the lawsuit is brought in a representative capacity for another individual (*e.g.,* on behalf of the estate of a deceased person), the Plaintiff is the Personal Representative of the BPU.

Defendants: Allergan USA, Inc. and Allergan, Inc., as defined in the August 6, 2020, Stipulation and Order Regarding Proper Party Defendants.

Healthcare Provider: Any provider of healthcare, including but not necessarily limited to physicians, surgeons, general practitioners, medical specialists, medical doctors, plastic surgeons, dentists, oral surgeons, pathologists, radiologists, holistic medicine practitioners, genetic counselors, nurses, nurse practitioners, physician assistants, school nurse practitioners, rehabilitation specialists, physical therapists, occupational therapists, counselors, and pharmacists. If a plaintiff claims damages for more than garden-variety psychological injury, pain and suffering, and/or mental anguish, and sought treatment for such damages, "treating healthcare provider" also includes any psychologists, psychiatrists, counselors, and/or therapists, but otherwise does not.

Healthcare Facility: All hospitals, clinics, urgent care facilities, outpatient facilities, health departments, medical offices, pathology services, radiology services, laboratories, and all other locations at which medical diagnosis, care, treatment, or medication is provided by any Treating Healthcare Provider.

1. CASE INFORMATION

Provide the following information for this case:

Name of attorney(s) and law firm(s) representing Plaintiff, with address telephone number, and email address of attorney	

2. PERSONAL REPRESENTATIVE

Complete this Section 2 only if this PFS is being completed by Plaintiff in a representative capacity for another individual (*e.g.*, on behalf of the estate of a deceased BPU).

a. Please state:

i. Your name: _____
ii. Your address: _____
iii. Your date of birth: _____
iv. Relationship to BPU: _____
v. If applicable, BPU's date and place of death: _____

vi. State in what capacity you are representing the individual or estate (for example, as executor, as personal representative, etc.): _____

vii. Jurisdiction appointing you as legal representative, case number and date of appointment, if applicable: _____

b. Do you also allege any injuries to yourself, including physical or emotional injury, as a result of the BPU's use of Biocell product(s)?

☐ Yes ☐ No

c. If you answered "Yes" to the prior question, please provide the following information:

Injury alleged	**Date diagnosed (if any)**	**Diagnosing physician or other healthcare provider**

3. BACKGROUND INFORMATION FOR BIOCELL PRODUCT USER

3.1 PERSONAL IDENTIFYING INFORMATION

3.1.1 Full legal name (first, middle and last names):

_____

3.1.2 Maiden/birth name or any other names used, with dates those names were used:

Full name(s) previously used	**Approximate date range used (Month/Year)**

3.1.3 **Social Security Number:** _____

3.1.4 **Date and place of birth:** _____

3.1.5 **Date, place, and cause of death (if applicable):** _____

_____

3.2 RESIDENTIAL HISTORY

For the time period beginning five (5) years prior to Your first use of Biocell product(s) through the present:

Address at which You resided	Approximate date range (Month/Year)

3.3 CURRENT MARITAL STATUS (CHOOSE ONE):

☐ Never married

☐ Legally married and living together

☐ Legally married, but separated

☐ Common law union

☐ Divorced

☐ Widowed

☐ Not applicable

3.4 MARITAL HISTORY

For each marriage, beginning from the first use of a Biocell product to the present, whether legal or as common law, please provide the following:

Spouse's name	Date of marriage	Spouse's current or last known address (only needed if consortium claims are alleged	Date of any legal separation, divorce, or annulment

3.5 EDUCATIONAL HISTORY

Provide each high school, vocational school, college, university, or other post-secondary educational institution You attended:

Name of institution with address	Date range	Diploma or degree awarded

3.6 EMPLOYMENT HISTORY OF THE BIOCELL PRODUCT USER

3.6.1 Provide the following employment-related information, including all self-employment, military service, and regularly-scheduled volunteer work if employed, for the past 10 years:

Employer's name and address	Dates of Employment	Occupation / Job Title	If asserting lost wages claim: salary or annual gross income for 5 years prior to alleged lost wages through present

4. BREAST IMPLANT USE HISTORY

Please provide the information requested in the chart below regarding Your use of breast implants and/or tissue expanders. Please provide the requested information for all breast implants/tissue expanders that have ever been implanted, whether or not the implants were manufactured by Allergan. Use additional pages as needed. If any questions do not apply to You, do not leave a blank but respond with "Not Applicable" or "N/A".

4.1 Breast Implant(s) and/or Tissue Expander(s) Received			
Implantation date:		Name and address of implanting surgeon and medical facility:	
Brand name of implant(s)/expander(s):		Reason for receiving implant(s)/expander(s) (*e.g.*, augmentation, reconstruction):	
Manufacturer:		Model/Lot/Serial number(s):	
Were these implant(s)/expander(s) ever removed?		Date of removal:	
Name and address of surgeon who removed implant(s)/expander(s):		Medical facility, including city and state where removed:	
Reason for removal/ replacement (*e.g.*, capsular contracture, rupture, risk of BIA-ALCL, doctor's recommendation, *etc.*):		Identify all individuals, including but not limited to Your healthcare providers, who recommended and/or performed removal/replacement:	
Identify all individuals, including but not limited to Your healthcare providers,		What is the current location of your explanted device(s) / name of person/ institution in	

who recommended against removal/replacement?		possession?	
Identify all individuals who referred you to the surgeon who removed/replaced implants.			

5. DIRECT COMMUNICATIONS WITH DEFENDANTS

5.1 Do you contend that prior to implantation with one or more Biocell products, any employee or agent of Defendants made direct representations to You either orally or in writing about Biocell product(s)?

☐ Yes ☐ No ☐ Do Not Recall

If yes, please provide the following information:

5.1.1 The name of the employee or agent of Defendant, if known, that made the direct representations to You:

_____

5.1.2 The date(s) when such direct representations were made:

_____

5.1.3 Describe with particularity the direct representations You contend were made by Defendants to You regarding Biocell products:

_____

_____

6. CLAIMED PHYSICAL INJURIES

6.1 Physical Injuries and Symptoms

6.1.1 For each injury and symptom (other than emotional, psychiatric, and/or psychological injuries or conditions which are addressed separately below), that You allege resulted from your use of Biocell product(s), state:

Injury / symptom alleged	**Date <u>first</u> experienced or became aware of injury / symptoms**	**Date <u>first sought</u> treatment, if applicable**	**Name and address of treating physician and healthcare facility**	**Description of treatment provided, if applicable**

6.1.1.1 Has any healthcare provider(s) advised You that the injury or symptom was caused by Biocell product(s)? If so, please identify the name and address and facility of any such healthcare provider(s):

_____

_____

_____

6.1.2 Has any healthcare provider ever evaluated You and/or conducted testing* of You to determine whether You have BIA-ALCL?

☐ Yes ☐ No

If yes, please provide the following information:

Date of BIA-ALCL evaluation	**Healthcare provider, including name and address**	**Type of testing* performed to confirm or rule out diagnosis of BIA-ALCL**	**Results of all testing* performed to confirm or rule out diagnosis of BIA-ALCL**	**Name and address of facility where testing occurred (if different than column 2)**

*Include all testing for BIA-ALCL, including negative, positive, and/or conflicting results

6.1.2.1 Have You ever undergone testing of late-forming seroma fluid? If so, please identify the name and address and facility of any healthcare provider(s) performing such testing, including negative, positive, and/or conflicting results:

_____

_____

_____

6.1.3 Have You ever undergone surgery as a treatment for BIA-ALCL?

☐ Yes ☐ No If yes, please provide the following information:

Type of surgery received	**Surgeon's name and address**	**Date of surgery**

6.1.4 Have You received any non-surgical treatment for BIA-ALCL including but not limited to chemotherapy, radiation, stem cell transplant, etc.?

☐ Yes ☐ No

If yes, please provide the following information:

Treatment received	**Healthcare provider name and address**	**Approximate dates of treatment/ including "to present"**

6.1.5 If You answered "no" to Question 6.1.3 or 6.1.4, has any healthcare provider recommended surgery or other treatment for Your BIA-ALCL?

☐ Yes ☐ No ☐ Not Applicable

If yes, please provide the following information:

Type of surgery or other treatment recommended	**Name and address of healthcare provider or other person who recommended surgery or other treatment for Your BIA-ALCL**	**When is surgery or other treatment expected to occur and/or reason why it cannot occur?**

6.1.6 Have You had recurrence(s) of your BIA-ALCL?

☐ Yes ☐ No If yes, please provide the following information:

Date of Recurrence Diagnosis	**Name and address of healthcare provider who diagnosed the recurrence of BIA-ALCL**

6.1.7 If You answered "yes" to Question 6.1.6, has any healthcare provider recommended surgery or other treatment for Your BIA-ALCL recurrence?

☐ Yes ☐ No ☐ Not Applicable

If yes, please provide the following information:

Type of surgery or other treatment recommended	**Name and address of healthcare provider or other person who recommended surgery or other treatment for Your BIA-ALCL recurrence**	**Date of surgery or date when surgery or other treatment is expected to occur and/or reason why it cannot occur?**

6.2 Emotional, Psychiatric, and/or Psychological Injuries

6.2.1 Do You claim that use of Biocell product(s) caused any psychological or psychiatric injury (other than garden-variety emotional distress) for which You sought medical treatment?

☐ Yes ☐ No

If yes, for each, please state:

Injury/condition	**Date first experienced symptoms**	**Date first sought treatment**	**Name and address of healthcare provider and healthcare facility**	**Description of treatment provided**

7. GENERAL MEDICAL HISTORY

7.1 Have You ever experienced, been diagnosed with, or been treated for any of the following (not including the injuries and symptoms attributed to the BIOCELL product set forth above):

Medical condition / event / diagnosis	**Yes**	**No**	**Approximate Diagnosis / event date**
Cancer - List Type:			
Lymphoma			
Capsular contracture			
Breast implant rupture			

7.1.1 If the answer is yes with respect to any of the preceding conditions, please identify:

Medical condition / event	Diagnosing healthcare provider name, facility, and address	Treating healthcare provider (if different from diagnosing healthcare provider) name, facility, and address	Treatment received	Date of first treatment and duration of treatment

7.2 BREAST PROCEDURES AND TESTING (EXCLUDING BREAST IMPLANTS AND TISSUE EXPANDERS)

Identify the location and name of healthcare facility where You underwent testing of your breasts during the period from five years before implantation of your BIOCELL Products to the present, excluding any procedures or tests previously identified above, or produce medical records sufficient to answer this question:

Name and address of healthcare facility where procedure or test occurred	Healthcare provider who conducted the procedure or test

7.3 HOSPITALIZATION OR IN-PATIENT TREATMENT

Please provide the information requested in the chart below regarding all hospitals where You received in-patient treatment and/or was hospitalized in the past 10 years. Include mental health-related treatment *only* if you are claiming psychiatric and/or mental health injuries for which you were treated.

Hospital and address	Name of admitting physician	Illness, condition, disability, or other reason for hospitalization / in-patient treatment	Treatment provided	Dates of hospitalization

7.4 PRESCRIPTION MEDICATIONS

List all pharmacies from which you recall obtaining prescription medications in the past 10 years.

Pharmacy	Address of Pharmacy

8. SMOKING HISTORY

8.1 Describe Your use of tobacco products (including cigarettes, cigars, pipes, and/or chewing tobacco/snuff)?

☐ Current User ☐ Past Use ☐ Never used

8.2 If You checked Current or Past User, provide the information requested below for each type of tobacco ever used:

Type(s) of Tobacco Used	Dates of Use (approx.)	Amount Used Per Day (approx.)	Date Use Stopped (Leave Blank if Currently Use)

9. HEALTHCARE PROVIDERS

9.1 Plastic Surgeons

Please provide the following information for any plastic surgeons and healthcare providers specializing in plastic surgery that are not previously identified above with whom You have ever consulted and/or who provided care or treatment to You related to BIOCELL product(s) and/or breast reconstruction or augmentation:

Name of healthcare provider, healthcare facility, and address	Reason healthcare provider consulted	Nature of care or treatment provided	Dates of care or treatment

9.2 Oncologists

Please provide the following information for all oncologists or healthcare providers specializing in oncology who have ever provided care or treatment to You (to the extent not listed above):

Name of Healthcare Provider, Healthcare Facility, and Address	**Reason You Consulted Healthcare Provider**	**Nature of Care or Treatment Provided to You**	**Dates of Care or Treatment**

9.3 Primary Care Providers

Please provide the following information for all primary care physician(s) or other healthcare providers who have provided care or treatment to You in the past 10 years. Include mental health-related treatment only if You are claiming psychiatric and/or mental health injuries for which you were treated identified in Section 6.2.1.

Name of primary care physician(s), healthcare provider, healthcare facility, and address	**Dates of care or treatment**

10. FAMILY MEDICAL HISTORY

10.1 Family Medical History - Please indicate whether any of Your biologically-related relatives (including parents, children, grandparents, or siblings) has ever experienced, been diagnosed with, or been treated for cancer of any type:

☐ Yes ☐ No ☐ Do Not Recall

Cancer (Type)	**Diagnosis / event date**	**Type of relative**	**If this person died from cancer, identify date of death**

11. COMMUNICATIONS RELATED TO BIOCELL PRODUCTS

11.1 Conversations with physicians or healthcare providers. This paragraph pertains to mental health-related healthcare providers *only* if you are claiming psychiatric and/or mental health injuries for which you received treatment identified in Section 6.2.1.

11.1.1 Have YOU communicated with any physician or healthcare provider, orally or in writing, about whether use of Biocell product(s) is related to or the cause of any of the injuries or damages You have alleged in this case and/or identified in Section 6 of this PFS?

☐ Yes ☐ No ☐ Do Not Recall

If yes, identify with respect to each such discussion the following information, including a summary of what the physician or healthcare provider said, if anything, regarding the relationship of Biocell product(s) use to the injury, condition, or symptom:

Name of physician or healthcare provider	**Specialty of physician or healthcare provider**	**Date of discussion**	**Summary of discussion about relationship to Biocell product(s)**

11.2 When did you learn that Your Biocell product(s) had been recalled?

11.3 How did you learn about the recall?

11.4 Did you discuss the recall with any physicians?

☐ Yes ☐ No ☐ Do Not Recall

If yes, provide the following information about such communications:

Name of physician or healthcare provider and address	**Specialty of physician or healthcare provider**	**Date of discussion**	**Summary of discussion and number of times discussed with your physician(s)**

11.5 Have You visited any website containing information regarding breast implants, tissue expanders and/or the allegations in this lawsuit?

☐ Yes ☐ No ☐ Do Not Recall

If yes, provide the following information:

Website(s) visited	Date(s) visited

11.6 Have You ever belonged to any Facebook or other social networking groups related to breast implants, the conditions or injuries alleged in this case or identified in Section 5, or the allegations in this lawsuit (whether the groups are designated "private," "secret," or otherwise)?

☐ Yes ☐ No ☐ Do Not Recall

If yes, complete the table below:

Name of group and type (i.e., Facebook group, etc.)	Date joined	Still a member? If not, when left the group.

11.7 Have You ever posted any information online about breast implants, tissue expanders, the allegations in this lawsuit, the conditions or injuries alleged in this case or identified in Section 6, including FaceBook, Instagram, LinkedIn, Twitter, Tumblr or YouTube?

☐ Yes ☐ No

12. DISABILITY BENEFITS AND RELATED APPLICATIONS

12.1 Have You ever applied for workers' compensation, social security, or other disability benefits related to breast implants or BIA-ALCL diagnosis?

☐ Yes ☐ No

12.2 If yes, for each such application, state the following:

Type of application (*e.g.*, workers' compensation, social security, state or federal disability, etc.)	
Entity to which application was made	
Date of application	
State and county in which application was made	
Claim/docket number of application	
Nature of claimed injury or disability	
Outcome of application (including if the application was denied)	

13. HEALTH INSURANCE

13.1 For each insurance company that issued a health insurance policy to You beginning with the date of Your first use of Biocell product(s) to the present date, please provide the following information:

Insurance company	Name of insured	Type of insurance	Policy number	Policy effective date

14. CRIMINAL HISTORY

14.1 Since the age of majority, have You ever been convicted of, pleaded guilty to, or accepted a diversion plea to a felony or a crime involving dishonesty and/or false statement?

☐ Yes ☐ No

If yes, please identify:

Date	Crime/ offense	Caption, case number, and court	State and county	Sentence/ disposition

15. ECONOMIC INJURIES

15.1 Lost Wages or Lost Earning Capacity

Do You claim to have lost wages or suffered impairment of earnings as a result of any injury or condition that You contend was caused by your use of Biocell product(s)?

☐ Yes ☐ No

If yes, provide the following:

Source of income (including name and address of employer)	**Dates of alleged loss**	**Amount of alleged loss**

15.2 Medical Expenses

Have You paid or incurred any medical expenses, including amounts billed or paid by insurers and other third-party payors, which are related to any injury or condition which you claim was caused by your use of Biocell product(s) and for which you seek to recover in this case?

☐ Yes ☐ No

If yes, please state the total approximate amount of such expenses and identify and itemize them:

_____

Was any portion of the medical expenses related to any injury or condition which You contend was caused by Your use of Biocell product(s) and for which You seek to recover in this case, covered by health insurance, Medicare or Medicaid?

☐ Yes ☐ No

16. LOSS OF CONSORTIUM CLAIM

If anyone filed a loss of consortium claim in this lawsuit, please provide the name/address of any healthcare providers the consortium plaintiff has seen for treatment of any injuries alleged to be related to the loss of consortium claim:

Consortium Plaintiff	Name and address of healthcare provider	Consortium Injuries Alleged

17. BIOCELL WARRANTY

19.1 Have You or anyone on Your behalf made a claim under the Natrelle® ConfidencePlus® warranty program or the BIOCELL® Replacement Warranty?

☐ Yes ☐ No ☐ Unknown

18. AUTHORIZATIONS FOR RECORDS

Please sign and attach to this Fact Sheet the necessary authorization(s) for the release of the following records as applicable:

18.1 Authorization for the release of medical records: please sign and fill out this authorization for all healthcare providers identified in this PFS

18.2 Authorization for the release of psychiatric/Mental Healthcare records: please sign and fill out this authorization *only* if you are claiming psychiatric and/or mental health injuries as set forth in Section 6.2.1, and if so, please fill out and execute this authorization on behalf of all mental healthcare providers identified in Section 6.2.1

18.3 Authorization for the release of Workers Compensation records: please sign and fill out this authorization *only* if You have identified a Workers' Compensation claim in the prior 10 years pursuant to Section 12.

18.4 Authorization for the release of Social Security Disability records: please sign and fill out this authorization *only* if You have received Social Security Disability benefits in past 10 years, as set forth in Section 12.

18.5 Authorization for the release of Insurance records: please sign and fill out this authorization for all insurance providers identified in responses to this PFS.

18.6 Authorization for the release of Medicare records: please sign and fill out this authorization *only* if You have received Medicare benefits in the past 10 years.

18.7 Authorization for the release of Medicaid records: please sign and fill out this authorization *only* if You received Medicaid benefits in the past 10 years.

18.8 Authorization for the release of employment records: please sign and fill out this authorization *only* if You are seeking to recover for lost wages or loss of earnings capacity, and if so, please

fill out and execute this authorization only for employers identified in Section 3.6 where You were employed for the time period five (5) years prior to alleged lost wages through present.

19. DOCUMENT DEMANDS

Produce all non-duplicative, non-privileged, and non-work product protected documents, including but not limited to ESI documents, in Your or Your lawyers' possession, custody, or control, following a reasonable search for documents responsive to the following requests. If applicable, please indicate below which categories of documents You have. Please note that production of documents or ESI from social media websites is reserved for those selected as Bellwether Discovery Plaintiffs.

19.1 If the PFS is being completed by a plaintiff who filed in a representative capacity (*e.g.*, on behalf of the estate of a deceased person), please provide copies of letters testamentary or letters of administration.

☐ Yes ☐ No

19.2 If the PFS is being completed by a plaintiff who filed on behalf of the estate of a deceased person), please provide copies of the death certificate and autopsy report (if applicable).

☐ Yes ☐ No

19.3 Documents showing that You used Biocell product(s), including model, Lot and serial numbers.

☐ Yes ☐ No

19.4 Medical records, pharmacy records, medical reports, test results, bills, and any other records or documents relating to Your use of breast implants and/or tissue expanders, or Your claimed injuries.

☐ Yes ☐ No

19.5 Medical records, pharmacy records, reports, test results, bills, and any other records or documents relating to any disease, condition, or symptom of the BPU referred to in responses to this PFS.

☐ Yes ☐ No

19.6 All copies of online newspaper/magazine articles relating to breast implants and/or tissue expanders obtained by You prior to or at the time of Your use of breast implants and/or tissue expanders.

☐ Yes ☐ No

19.7 Applications for disability or other benefits made by You or on your behalf with respect to Biocell-related injuries, documents showing the outcome of such applications, and documentation of payments made regarding such benefits if related to breast implants or BIA-ALCL or if the Plaintiff is seeking to recover for a loss of wages or wage earning capacity.

☐ Yes ☐ No

19.8 Diary, journal, calendar, or note entries relating to Your use of breast implants and/or tissue expanders, Your claimed injuries, or any disease, condition or symptom referred to in any responses to questions within this PFS.

☐ Yes ☐ No

19.9 Medical literature reviewed by you regarding breast implants and/or tissue expanders, BIA-ALCL, or any of Your claimed injuries.

☐ Yes ☐ No

19.10 Any agreement pursuant to which You, Your spouse (if he/she is pursuing a loss of consortium or other claim), and/or the Personal Representative (if any) has or will receive any money from any third party in exchange for an assignment of any portion of any claim or recovery in this lawsuit. If the agreement is not provided, please provide a privilege log setting forth the basis for not providing the agreement (whether an objection on relevance grounds or privilege). NOTE: Any response to this request is required only to the extent required by Local Rules.

☐ Yes ☐ No

19.11 Copies of all advertisements or promotions for Biocell product(s) reviewed by You.

☐ Yes ☐ No

19.12 Documents constituting, concerning, or relating to product use instructions, product warnings, product brochures, or other materials distributed with or provided to You in connection with Your use of Biocell product(s).

☐ Yes ☐ No

19.13 Copies of the entire packaging for the Allergan breast implant(s) and/or tissue expander(s) used by You, if in Your possession, custody, or control.

☐ Yes ☐ No

19.14 Documents containing statements obtained from or given by any person having knowledge of facts related to Your own alleged injuries, Your medical history and/or current medical

Medicare or its representatives regarding payments made on Your behalf for medical expenses relating to your BIOCELL implants.

☐ Yes ☐ No

19.22 Copies of any research, including online research You conducted about breast implants and/or tissue expanders, or about the device(s) and injuries that are the subject of your lawsuit, including the implantation of the Biocell product(s), the injuries and/or damages You claim resulted from the implantation of the Biocell product(s), or Your medical or physical condition related to injuries You claim resulted from the implantation of the Biocell product(s). Research conducted in consultation with Your counsel, to identify or evaluate potential counsel or legal representation, or to understand or obtain the legal and strategic advice of Your counsel is not considered responsive to this request.

☐ Yes ☐ No

19.23 All documents concerning any claims made by You or on Your behalf under the Natrelle® ConfidencePlus® warranty program or the BIOCELL® Replacement Warranty .

☐ Yes ☐ No

Note that the following Requests (*i.e.*, Requests 19.24 through 19.26) only apply to Plaintiffs selected as Initial Bellwether Discovery Plaintiffs, and any requested documents must be produced within twenty-one (21) days after the date the Plaintiff is selected as an Initial Bellwether Discovery Plaintiff.

19.24 All documents and ESI constituting any communications or correspondence between You and any other plaintiff in this litigation, or in any lawsuit involving breast implants, regarding this lawsuit, or Your claimed injuries.

☐ Yes ☐ No

19.25 All communications (written or electronic) with anyone other than Your lawyer about this litigation, or the cause of Your alleged injuries.

☐ Yes ☐ No

19.26 Copies of any statement(s) posted by You on social media sites related to Your lawsuit or Your alleged injuries, including but not limited to any comments made by You in response to online articles, news videos, blogs, forums, etc. relating to Your lawsuit or Your alleged injuries.

☐ Yes ☐ No

DECLARATION

Plaintiff, _____, declares under penalty of perjury, subject to all applicable laws, as follows:

The information provided in this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information, and belief, and it was formed after due diligence and reasonable inquiry.

_____
Plaintiff's Signature

_____
Plaintiff's Printed Name

_____
Date