IN THE UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE: HUMAN TISSUE PRODUCTS LIABILITY LITIGATION	)	Civil Action No. 2:06-cv-00135
This Document Relates to: All Cases	)	**MDL-1763**

IT IS HEREBY ORDERED:

The attached Plaintiff's Fact Sheet is approved, and each plaintiff is directed to complete a Fact Sheet pursuant to Pretrial Scheduling Order No. 2 as follows:

1. within sixty (60) days of the filing of the complaint; or within ten (10) days of the transfer of a case to this District, whichever is longer, for all cases not transferred to this District as of the date of entry of this Order; and

2. within thirty (30) days of the entry of this Order, for all cases in this District as of the date of entry of this Order.

3. The parties have agreed with respect to the Identification of Allograft (¶ III.A) that if the Tissue Identification Number ("TIN") is not ascertainable by plaintiff after reasonable efforts, that plaintiff may serve a subpoena on the hospital and/or healthcare provider that supplied the allograft for the Plaintiff's implant procedure requesting any and all documents that will identify the manufacturing and/or distribution sources of the allograft implanted in the plaintiff, including but not limited to the tissue invoice provided by the manufacturer/supplier, any available tissue tracking logs and/or related communications between the healthcare provider and the supplier/distributor concerning the identification number for the allograft implant furnished for Plaintiffs implant procedure, and defendants will not object to a subpoena in these terms.

4. Defendants also agree that on written request of a law firm representing a patient who believes s/he was implanted with recalled allograft, the defendant will provide the law firm within fourteen days any information the defendant has as to the TIN of allograft implanted in the patient.

s/Ronald J. Hedges
Hon. Ronald J. Hedges, U.S.M.J.

Dated: October 16, 2006
Newark, New Jersey

IN RE: HUMAN TISSUE PRODUCTS LIABILITY LITIGATION

MDL NO. 1763

PLAINTIFF'S FACT SHEET

Each Plaintiff in whom allograft was implanted must complete this Fact Sheet. In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, please provide as much information as you can.

If you report a test positive for disease, injury, or infection, you will be provided with a supplemental Fact Sheet, agreed upon by all counsel, at a later time.

This Fact Sheet requests information about the person in whom the allograft was implanted that is the subject of the lawsuit filed. If you are completing this Fact Sheet for someone else, please assume that "you" means the person in whom allograft was implanted.

I. **Personal Information**

A. Name:_____

B. Current Address:_____

C. How long have you lived at this address?_____

D. If less than three years, please provide immediately prior address: _____

E. Social Security Number:_____

F. Date and city of birth: _____

II. **Your Surgeon and Hospital Where Implant Occurred**

A. Please provide the following information for the hospital or facility where the allograft was implanted:

Name:_____
Address:_____

B. Please provide the following information for the principal surgeon when your allograft was implanted:

Name:_____
Address:_____
Pre-operative diagnosis: _____

C. Provide the date of the surgery in which the allograft was implanted. _____

III. **Identification of Allograft**

A. Please provide the tissue identification number for each piece of implanted allograft, or the most accurate description you have of the allograft. _____

IV. **Testing For Disease After The Recall**

A. How did you learn of the recall of the allograft? _____

B. Did you have your blood tested for disease or infection after you learned of the recall?

C. If so, please identify the name and address of doctor who ordered the tests? _____

D. What was the date of the test(s)?

E. Provide the name and address of the lab that analyzed your blood?

F. Was the test positive for any disease of infection? _____

G. If so, please identify the disease or infection? _____

V. **Consultation Regarding Test Results**

A. Have you seen a doctor or other healthcare provider about your test results? _____

B. Please provide the following information for each doctor or healthcare provider that you have seen

1. Name: _____
   Specialty: _____
   Address: _____
   Dates of treatment (if any): _____
   Treatment (if any) provided: _____

2. Name: _____
   Specialty: _____
   Address: _____
   Dates of treatment (if any): _____
   Treatment (if any) provided: _____

VI. Documents

1. Please provide a copy of the documents required by Pretrial Scheduling Order No. 2 of August 28, 2006 ¶8 (test results and medical records for treatment relating to the blood tests).

2. Please provide all documents concerning the tissue identification number for the implanted allograft.

VII. Declaration

I declare under penalty of perjury that all of the information provided in this Plaintiff's Fact Sheet is true and correct to the best of my knowledge, information and belief, that I have supplied all the documents requested in Part XII of this Plaintiff's Fact Sheet, as required above.

Further, I acknowledge that I have an obligation to supplement the above responses if I learn that they are in some material respects incomplete or incorrect.

Dated _____ Signature _____

General Information

Court	United States District Court for the District of New Jersey; United States District Court for the District of New Jersey
Federal Nature of Suit	Personal Injury - Product Liability[365]
Docket Number	2:06-cv-00135
Status	CLOSED