

EXHIBIT A

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

IN RE: ZIMMER DUROM HIP CUP
PRODUCTS LIABILITY LITIGATION

Master Docket No. 09-4414 (SDW)(MCA)
MDL No. 2158

PLAINTIFF'S FACT SHEET

Plaintiff: _____
(Printed Name)

This Plaintiff's Fact Sheet must be completed pursuant to the Initial Scheduling Order by each plaintiff or their personal representative. Section X must be completed by loss of consortium plaintiffs.

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. Please answer every question, and do not leave any blanks throughout this Fact Sheet. If you cannot recall all of the details requested, please provide as much information as you can. If a question is not applicable to you, please state "Not Applicable" or "N/A." If any information you need to complete this Fact Sheet is in the possession of your attorney or other representative, please consult with that attorney or representative so that you can fully and accurately respond to the questions. If you do not have room in the space provided to complete your answer, please attach as many sheets of paper as necessary to fully answer the questions. You are obligated to supplement your responses if you learn that they are incomplete or incorrect in any material respect.

As used herein, the term "communication" and/or "correspondence" shall mean and refer to any oral, written or electronic transmission of information, including, without limitation, meetings, discussions, conversations, telephone calls, memoranda, letters, e-mails, text messages, conferences, or seminars or any other exchange of information.

As used herein, the term "identify" or "identity" with respect to persons, means to give, to the extent known, the person's full name, and as to former employees or third-parties, their present or last known addresses and phone numbers.

As used herein, the term "person" means natural person, as well as corporate and/or governmental entity.

As used herein, the terms "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

CONFIDENTIAL – SUBJECT TO PROTECTIVE ORDER

documents attached to or used in the preparation of or concerning the preparation of the documents.

I. CASE INFORMATION

1. Name of person completing this form: _____
2. State the following for the civil action which you filed:
 - a. Current case caption: _____
 - b. Current case number: _____
 - c. Court in which original case was filed (transferor district): _____

 - d. Original civil action number in the transferor district: _____

3. State the name, address, telephone and facsimile numbers, and e-mail address of the principal attorney representing you:
 - a. Name: _____
 - b. Firm: _____
 - c. Address: _____
 - d. Telephone: _____ Fax: _____
 - e. E-mail: _____
 - f. Websites on which you share personal information, including, but not limited to, social media websites, blogs, etc.: _____

4. If you are completing this questionnaire in a representative capacity (*e.g.*, on behalf of an estate, or incapacitated or deceased person), please state the following:
 - a. Name: _____
 - b. Any other names (*e.g.*, maiden name or alias) you have used or by which you have been known and the dates you used those names: _____

- c. Address: _____
- d. Individual or estate you are representing, and in what capacity you are representing the individual or estate: _____

- e. If you were appointed as a representative by a court, state the court: _____

- f. Date of Appointment: _____
- g. State your relationship with the represented person claimed to be injured: _____

- h. If you represent a decedent's estate, state the date and the address of the place of death: _____

II. PLAINTIFF'S PERSONAL INFORMATION

- 1. State the following regarding your name, Social Security Number, and present address:
 - a. Name: _____
 - b. Any other names (*e.g.*, maiden name or alias) you have used or by which you have been known and the dates you used those names: _____

 - c. Social Security Number: _____
 - d. Address: _____
 - e. State how long have you live at your present address: _____

 - f. Identify all persons who presently live at this address: _____

2. Driver's license number and state issuing license: _____
3. Date and place of birth: _____
4. Sex: Male: _____ Female: _____
5. Identify each address at which you have resided during the last ten (10) years, and list when you started and stopped living at each one:

Address	Dates of Residence

6. Are you currently, or have you ever been, married? Yes: _____ No: _____

If "yes," for each spouse, please state the following:

Name and Address of Spouse	Spouse's Date of Birth	Date Marriage Began/Ended	How Marriage Ended	Spouse's Occupation

7. For each of your children, list the following:

Child's Name and Address	Date of Birth	Occupation

8. Identify the following information for each high school, college, university, vocational school, or other educational institution you have attended:

Name of School	Address and Telephone Number	Dates of attendance	Degree Awarded	Major or Primary Field

9. For your current employer (if you are not currently employed, your last employer) and each employer for the last ten (10) years, state the following:

Name and Address of Employer	Approx. Dates of Employment	Occupation/Job Title	Supervisor	Reason for Leaving

10. If you have ever served in any branch of the United States Military, please state the following:

Military Branch	Dates of Service	Reason for Discharge

11. Have you ever been rejected from military service?

Yes: _____ No: _____

If "yes," state the reasons why: _____

12. If you have ever been convicted of a felony in the last ten (10) years, state the following:

Nature of the Crime	Date of the Crime	Location of the Crime

III. INSURANCE AND OTHER CLAIM INFORMATION

1. Identify any person, insurance company, or other entity, including Medicare or Medicaid, that provided medical coverage to you (either directly or through a group, including any employer) or paid medical bills on your behalf at any time, beginning ten (10) years before your alleged injuries through the present.

Name of Entity	Policy Number	Name of Policy Holder/Insured (if different than you)	Approx. Dates of Coverage

2. Have you ever been denied life insurance or medical insurance for reasons relating to any medical or physical condition in the last ten (10) years?

Yes: _____ No: _____

If "yes," state the following:

Name of Entity that Denied Coverage	Date of Denial	Stated Reason for Denial

3. Have you ever filed a worker's compensation claim in the last ten (10) years?

Yes: _____ No: _____

If "yes," please state:

Year the claim was filed: _____

Court/State where the claim was filed: _____

Claim/docket number, if applicable: _____

Nature of disability: _____

Period of disability: _____

Benefits received, if any: _____

4. Have you ever been out of work for more than thirty (30) days for any reasons related to your health in the last ten (10) years?

Yes: _____ No: _____

If "yes," please state:

The date(s) you were out of work: _____

The reason(s) you were out of work: _____

5. Have you ever filed social security disability claims (SSI or SSD) in the last ten (10) years?

Yes: _____ No: _____

If "yes," please state:

Year the claim was filed: _____

Where the claim was filed: _____

Nature of disability: _____

Period of disability: _____

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

Yes: _____ No: _____

If "yes," please state:

Date the lawsuit or claim was filed or made: _____

Court/State where the lawsuit was filed: _____

Cause number, civil action number, or docket number assigned to each lawsuit: _____

Name(s) of all parties involved in each lawsuit or claim: _____

Brief description of the claims asserted: _____

IV. IMPLANT/EXPLANT INFORMATION

1. State the following information related to the implant of your Durom Acetabular Component:

The specific catalog and lot numbers for the Durom Acetabular Component you received:

Date of implant: _____

Name and address of implanting surgeon: _____

Name and address of hospital where implant surgery occurred: _____

2. Was the Durom Acetabular Component explanted? Yes: _____ No: _____

If "yes," state the following:

Date of explant: _____

State your understanding of why your Durom Acetabular Component was explanted:

Name and address of explanting surgeon: _____

Name and address of hospital where explant surgery occurred: _____

Identify who is currently in possession of your explanted Durom Acetabular Component:

Identify all persons who came into possession of your Durom Acetabular Component, and the dates each person possessed it: _____

3. If your Durom Acetabular Component has been explanted, to your knowledge has it been tested or inspected in any way?

Yes: _____ No: _____ If "yes," state the following:

Date(s) it was tested? _____

Name and address of person or entity that conducted testing: _____

Results of testing: _____

4. If your Durom Acetabular Component has not been explanted, state the following:

Has any doctor advised you that you will need to have your Durom Acetabular Component explanted at some future time? Yes: _____ No: _____

If "yes," state the following:

Name and address of doctor who advised you that your Durom Acetabular Component will need to be explanted: _____

State the reason your doctor recommended that the Durom Acetabular Component be explanted: _____

Date(s) you were so advised: _____

Date you intend to have your Durom Acetabular Component explanted: _____

If you do not intend to have your Durom Acetabular Component explanted, state why not: _____

5. If your Durom Acetabular Component has not been explanted, has any doctor advised you not to have your Durom Acetabular Component explanted?

Yes: _____ No: _____

If "yes," state the following:

Name and address of doctor advising you not to have your Durom Acetabular Component explanted: _____

Date you were so advised: _____

State the reason your doctor recommended that you not have your Durom Acetabular Component explanted: _____

V. CURRENT CLAIM INFORMATION

1. Do you allege that you suffered physical and/or bodily injury as a result of a defect in your Durom Acetabular Component?

Yes: _____ No: _____

If "yes," describe each bodily injury, the date your first became aware of the injury, date you first received medical attention for the injury, and the treatment you received.

If you are currently experiencing any symptoms related to your alleged injury, please describe those symptoms and any treatment you are currently receiving.

Describe any activities that you can no longer perform, or cannot perform as well, since the time you experienced the alleged physical and/or bodily injury.

Describe any other physical harm or consequences you suffered as a result of the alleged injury.

2. Do you allege that a defect in your Durom Acetabular Component worsened a previously existing injury?

Yes: _____ No: _____

If "yes," describe the previously existing injury, the approximate date of onset of the previously existing injury, approximate date(s) of medical attention for the previously existing injury, and the treatment you received for the previously existing injury.

3. Do you claim that you suffered emotional distress or psychological injuries as a result of an alleged defect in your Durom Acetabular Component?

Yes: _____ No: _____

If "yes," describe the emotional distress or psychological injuries and the approximate date of onset

4. State the following for any psychiatrist, psychologist, or any other mental healthcare professional you have seen, or are currently seeing, at any time for the alleged emotional distress or psychological injuries described in the previous question:

Doctor or Healthcare Provider's Name	Doctor or Healthcare Provider's Specialty	Address	Reason for Visit	Approx. Dates/Years of Visits

5. Has any mental healthcare professional attributed your emotional distress or psychological injuries to your experience with the Durom Acetabular Component?

Yes: _____ No: _____

If "yes," state the following:

Name and address of mental healthcare professional: _____

Date the mental healthcare professional first advised you that your emotional distress or psychological injuries were related to your experience with the Durom Acetabular Component: _____

6. Have you read or seen any written, televised, or internet-based advertising or labeling material related to the Durom Acetabular Component or other related hip implant components, other than in consultation with your lawyer?

Yes: _____ No: _____

If "yes," state which written, televised, or internet-based advertising or labeling materials you read or saw regarding the Durom Acetabular Component or other related hip implant components, and when you reviewed those materials.

7. Were you given any written instructions or warnings regarding the Durom Acetabular Component or other related hip implant components?

Yes: _____ No: _____

If "yes," state the following:

When the written instructions or warnings were given: _____

A description of the written warnings or instructions (*e.g.* package insert, patient product information, etc.): _____

Summary of the written warnings or instructions you received: _____

Identify each person or entity from whom you received the warnings or instructions:

8. Were you given any oral instructions or warnings regarding the Durom Acetabular Component or other related hip implant components?

Yes: _____ No: _____

If "yes," state the following:

When the oral instructions or warnings were given: _____

Summary of the oral warnings or instructions you received: _____

Identify each person or entity from whom you received the oral warnings or instructions:

9. Have you or anyone acting on your behalf, other than your attorney, ever communicated directly with, or received communications directly from, any Zimmer representative or lawyer, whether face-to-face, by telephone, or written communication?

Yes: _____ No: _____

If "yes," state the following:

Name and address of the person making the communication: _____

Person from Zimmer with whom the communication took place: _____

Method of communication (*e.g.*, telephone, e-mail, letter, etc.): _____

Date of any communication either before or after your injury: _____

Describe the substance of the communication: _____

10. Did anyone from any Zimmer entity ever say that you got a warranty with your Durom Acetabular Component?

Yes: _____ No: _____

If "yes," state the following:

Person from Zimmer who told you about the warranty: _____

Method of communication (*e.g.*, telephone, e-mail, letter, etc.): _____

Date the warranty was communicated to you: _____

Describe the substance of the warranty: _____

11. Did anyone from any Zimmer entity ever make any representation to you about the likely success of your Durom Acetabular Component?

If "yes," state the following:

Person from Zimmer who made the representation: _____

Method of communication (e.g., telephone, e-mail, letter, etc.): _____

Date the representation was made to you: _____

Describe the substance of the representation: _____

VI. MEDICAL BACKGROUND AND SOCIAL HISTORY

- Identify the following vital statistics:

Current height: _____

Current weight: _____

Weight at the time you received your Durom Acetabular Component: _____

Weight at time of your explantation or revision surgery: _____

- For each prescription medication you have taken regularly (*i.e.*, at least monthly over the course of six months or more) in the ten (10) years prior to receiving your Durom Acetabular Component to present, identify the following information:

Name of Prescription Medication Used on a Regular Basis	The Doctor/Doctors that Prescribed the Medication	Approximate dates/years taken	Your understanding as to why you were taking the Medication

3. Identify the following regarding regular physical exercise:

- a. During the five (5) years prior to receiving your Durom Acetabular Component, did you engage in any regular physical exercise?

Yes: _____ No: _____

If "yes," state the following:

Type of exercise: _____

How often (average times per week): _____

- b. After you were implanted with your Durom Acetabular Component, and before the injury alleged in Section V.1., did you engage in any regular physical exercise?

Yes: _____ No: _____

If "yes," state the following:

Type of exercise: _____

How often (average times per week): _____

- c. Since the time you experienced the injury alleged in Section V.1., have you engaged in any regular physical exercise?

Yes: _____ No: _____

If "yes," state the following:

Type of exercise: _____

How often (average times per week): _____

4. Have you ever used tobacco in any form one (1) year before or at any time after you were implanted with a Durom Cup?

Yes: _____ No: _____

If "yes," check the answer and state the following:

_____ Past tobacco user

Type(s) of tobacco used: _____

Date on which you began using tobacco: _____

Date on which you ceased using tobacco: _____

Amount of tobacco used: _____ per day for _____ years.

Other description of tobacco use: _____

____ Current tobacco user

Type(s) of tobacco used: _____

Date on which you began using tobacco: _____

Amount of tobacco used: _____ per day for _____ years.

Other description of tobacco use: _____

5. Did you ever consume alcohol in any form within one (1) year before you were implanted with a Durom Acetabular Component?

Yes: _____ No: _____

If "yes," check the answer that best describes your weekly alcohol consumption in the one (1) year before you were implanted with a Durom Acetabular Component:

_____ 1 – 5 drinks per week

_____ 6 – 10 drinks per week

_____ 11 – 15 drinks per week

_____ 15 or more drinks per week

Other description of alcohol consumption: _____

6. Did you ever consume alcohol in any form at any time after you were implanted with a Durom Acetabular Component?

Yes: _____ No: _____

If "yes," check the answer that best describes your weekly alcohol consumption after the time you were implanted with a Durom Acetabular Component:

_____ 1 – 5 drinks per week

_____ 6 – 10 drinks per week

_____ 11 – 15 drinks per week

_____ 15 or more drinks per week

Other description of alcohol consumption: _____

VI. MEDICAL PROVIDERS AND HOSPITALIZATIONS

1. Identify the name and address of your current family and/or primary care physician:

2. Identify all healthcare providers with whom you have consulted or treated from ten (10) years prior to the date you were implanted with a Durom Acetabular Component to the present, and for each consultation, examination, or treatment, state the following information:

Doctor or Healthcare Provider's Name	Doctor or Healthcare Provider's Specialty	Address	Reason for Visit	Approx. Dates/Years of Visits

3. For each hospitalization at any time from ten (10) years prior to the date you were implanted with a Durom Acetabular Component to the present, state the following information:

Name	Address and Telephone Number	Admission Date(s)	Reason for Admission Approx dates/years of visits

4. Identify the following for each pharmacy that has dispensed medication to you in the past ten (10) years:

Name of Pharmacy	Address and Telephone Number of Pharmacy	Name of medication dispensed	Approx. Dates/Years You Used Pharmacy

VIII. ECONOMIC DAMAGES

1. Are you making a claim for loss of past wages or income?

Yes: _____ No: _____

If "yes," state the following:

Total amount of time you have lost from work as a result of any condition that you allege was caused by a defect in the Durom Acetabular Component: _____

State your total earned income (including any salary, bonus, and benefits) for each of the last five (5) years:

Year	Annual gross income

2. Are you making a claim for loss of future wages or income?

Yes: _____ No: _____

If "yes," state the following:

Amount of lost future wages or income you are claiming: \$ _____

Briefly describe how you calculated your loss future wages or income: _____

3. Have you paid out-of-pocket medical expenses that are related to any condition that you allege was caused by a defect in the Durom Acetabular Component implanted in your hip?

Yes: _____ No: _____

If "yes," state the total amount of out-of-pocket medical expenses incurred:

\$ _____

Provide an itemization for each out-of-pocket medical expense (*e.g.*, explant surgery, physical therapy, etc.):

Nature of the out-of-pocket expense	Approximate dollar amount

4. Has your insurer, or any other entity or person, paid or incurred any medical expenses related to any condition that you allege was caused by a defect in the Durom Acetabular Component implanted in your hip?

Yes: _____ No: _____

If "yes," state the total amount of medical expenses incurred:

\$ _____

5. Provide a detailed itemized statement of the nature and amount of any other economic damages you claiming:

Nature of other economic damage	Approximate dollar amount

IX. POTENTIAL WITNESSES

1. Identify each person who you believe possesses key, important information concerning the facts of your lawsuit, including your injuries and current medical conditions, other than your healthcare providers, including the following:

Name	Address	Relationship to You

X. LOSS OF CONSORTIUM PLAINTIFFS

1. State the following regarding your name, Social Security Number, and present address:

- a. Name: _____
- b. Any other names (*e.g.*, maiden name or alias) you have used or by which you have been known and the dates you used those names: _____

- c. Social Security Number: _____
- d. Address: _____
- e. State how long have you live at your present address: _____

- f. Identify all persons who presently live at this address: _____

2. Driver's license number and state issuing license: _____
3. Date and place of birth: _____
4. Sex: Male: _____ Female: _____
5. Identify each address at which you have resided during the last ten (10) years, and list when you started and stopped living at each one:

Address	Dates of Residence

6. Are you currently, or have you ever been, married? Yes: _____ No: _____

If "yes," for each spouse, please state the following:

Name and Address of Spouse	Spouse's Date of Birth	Date Marriage Began/Ended	How Marriage Ended	Spouse's Occupation

7. For each of your children, list the following:

Child's Name and Address	Date of Birth	Occupation

8. Identify the following information for each high school, college, university, vocational school, or other educational institution you have attended:

Name of School	Address and Telephone Number	Dates of attendance	Degree Awarded	Major or Primary Field

9. For your current employer (if you are not currently employed, your last employer) and each employer for the last ten (10) years, state the following:

Name and Address of Employer	Approx. Dates of Employment	Occupation/Job Title	Supervisor	Reason for Leaving

13. Describe separately and in detail each and every loss of care, services, companionship, counsel, advice, assistance, comfort, consortium, or any similar loss you are claiming:

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.



Print Name

Signature

Date

Print Name
(Loss of Consortium Plaintiff)

Signature

Date

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	2:09-cv-04414