FILED

MAR 19 2013

BRIAN R. MARTINOTTI
J.S.C.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: BERGEN COUNTY

CASE NO. 296
MASTER DOCKET NO.:BER-L-936-13

IN RE Stryker Rejuvenate & ABG II

Hip Implant LITIGATION

CIVIL ACTION
CASE MANAGEMENT ORDER #3

All prior orders remain in full force and effect except as modified by this Order

This Matter having been assigned to the Honorable Brian R. Martinotti, J.S.C. pursuant to the Supreme Court's Order of January 24, 2013, designating this matter for Multicounty Litigation Status ("MCL") of Stryker Rejuvenate & ABG II Hip Implant Litigation (hereinafter referred to as "Stryker"), and the Court having conducted an Initial Case Management Conference ("CMC") on February 20, 2013, having reviewed the proposed agenda, conducting a CMC on March 19, 2013, counsel appearing, for good cause shown and for the reasons set forth on the record,

IT IS on this 19th day of March, 2013,

ORDERED,

I. COMPLIANCE WITH PRIOR ORDERS:

1. ORDERS ENTERED SINCE CMO #1:

   A. CMO #2 Section of Plaintiffs' Steering Committee (March 11, 2013)

2. COMPLIANCE:

A. Counsel have met and are continuing to meet on the following: [Counsel's request to extend this time set forth in CMO #1 is GRANTED.]

i. Preliminary disclosure form: **Completed**

- Each individual Plaintiff shall complete the three-page Plaintiff's Preliminary Disclosure Form within thirty (30) days of the date of this Order of within thirty (30) days of filing or the transfer of any Complaint to the Court. The Plaintiff's completed Preliminary Disclosure Form shall be served on Plaintiffs' Liaison Counsel and Defense Counsel.

ii. Short form and long form complaint: **March 28, 2013**

iii. Answer (short and long form): **April 10, 2013**

iv. Form and content of a Plaintiff/Defendant fact sheet: **April 16, 2013**

v. Scope, parameters and timing for service of written discovery: **Counsel to continue to meet and confer within the next two weeks; court will conduct a phone conference to address any issues.**

vi. Terms of a Protective Order: **April 10, 2013**

vii. Designation of Plaintiffs' Steering Committee/Liaison Counsel: **Completed [CMO#2]**

viii. Subcommittees: **Completed as set forth in Exhibit A [Chairperson Relkin letter, dated March 14, 2013; all correspondence to counsel and to the Court shall be through Ms. Relkin unless otherwise agreed upon.]**

ix. File & ServeXpress: **[There was a presentation by File & ServeXpress at the CMC.]**

x. Mediation: **Counsel to continue to meet and confer and shall submit a mediation order by March 28, 2013**

II. CASE MANAGEMENT:

1. All new complaints shall be served within thirty (30) days of filing.

2. Defense counsel shall continue to meet and confer with Defendant and advise the Court within fourteen (14) days if the Defendant will accept service of newly filed complaints.

3. Answers shall be filed within thirty (30) days of Court approval of the long and short form answers or pursuant to Court Rule, whichever is later.

GENERAL:

1. The next Case Management Conference is scheduled for April 10, 2013, at 10:00am. Counsel shall submit a proposed agenda seven (7) days prior to this Case Management Conference.

2. The official record shall be the transcript provided by the court reporter retained by counsel. The reporter shall preserve all proceedings and shall email a transcript of any court proceeding to the court within 14 days of the proceeding.

3. By consent of all parties, the court may contact or be contacted on an *ex parte* basis regarding settlement issues only.

4. The court may, from time to time, conduct phone conferences with defense counsel and liaison counsel.

5. The Court directs all counsel to R.1:4-8 and expects all counsel to abide by the parameters set forth therein.

6. All Court proceedings will start at the designated scheduled time. Counsel is expected to arrive promptly for these proceedings.

7. Counsel shall provide the Court with their preferred e-mail address by e-mailing same to Michel Szponder at Michel.Szponder@judiciary.state.nj.us and Stephanie Gino at Stephanie.Gino@judiciary.state.nj.us.

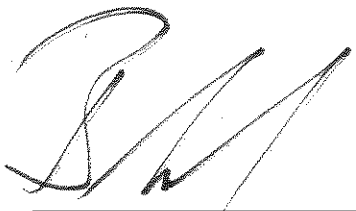
8. Counsel shall copy their co-counsel and all adversaries on all e-mails and other electronic correspondence submitted to the Court [COUNSEL IS PROHIBITED FROM FILING ANY PLEADING ELECTRONICALLY]. Any such submission received after 4:30 p.m. will be deemed received at 9:00 a.m. on the

next day Court is in session. Any such submission received after 4:30 p.m. on a Friday or over a weekend, will be deemed received on 9:00 a.m. on the next day Court is in session.

9. Counsel is directed to contact The Superior Court of New Jersey, Attorneys Accounts: P.O. Box 980, Hughes Justice Complex, 25 W. Market Street, Trenton, New Jersey 08625, (609) 633-8643 to establish a collateral account for any filing fees within seven (7) days.

10. Counsel is required to check the Judiciary's Web Site dedicated to this matter for any decisions/Orders/information contained therein.

11. A copy of this Order and any subsequent Orders to the Court will be posted on the Judiciary Web Site.



BRIAN R. MARTINOTTI, J.S.C.

EXHIBIT A
CMO#3
3/18/13

W E I T Z
&
L U X E N B E R G
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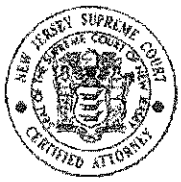

March 14, 2012

Hon. Brian R. Martinotti
Bergen County Justice Center
10 Main Street
Room 359 (Rotunda Bldg)
Hackensack, NJ 07601

Re: *In Re: Stryker Rejuvenate & ABG II Hip Implant Litigation*
Case No.: 296

Dear Judge Martinotti:

Pursuant to CMO 1 and 2, I submit the proposed sub-committee structure and membership. While there were many capable attorneys who sought sub-committee membership, to keep it a workable number, I have selected the below counsel who I can confidently recommend and can vouch for their accomplishments, abilities to handle these type of case and their commitment to this litigation. I respectfully request that you appoint the below member to the sub-committees enumerated below. Each sub-committee will have a chair who is a member of the PSC to facilitate coordination. We are making each committee chaired by a member of the PSC as set forth below. If at all possible, I would request that the committees get approved by the time of the conference so that we can meet after court that day and discuss the litigation.

Sub-Committees

Discovery
Chair, Toby Milrood

Brenda Fulmer, (FL)
Walter Kelley, (MA /FL)
Mike McGlamry, (GA)
Tyer Vail, (AL)
Navan Ward, (AL)

Science Committee
Chair, Cal Warriner

Andrew Carboy, (NY and NJ)
Brian Devine (CA)
Ben Gordon, (FL)
Josh Kincannon,(NJ)
John Thornton (CA)
David Szerlag, (MN and CN)

Law and Briefing
Chair, Tara Sutton, Esq.

Esther Berezofsky, (NJ)
Felicia Stern, (NY)

Respectfully submitted,

Ellen Relkin

ER:das

cc: Kim Catullo, Esq.
Gibbons, P.C.

IN RE STRYKER REJUVENATE
HIP STEM AND ABG II MODULAR
HIP STEM LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: BERGEN COUNTY

MASTER DOCKET NO. BER-L-936-13
CASE NO. 296

PLAINTIFF'S PRELIMINARY DISCLOSURE

Instructions: Please provide the following information for each individual plaintiff on whose behalf a claim is being made relating to implantation of the Stryker Rejuvenate and/or Stryker ABG II Hip System. When providing names and addresses please provide the full name and full address, including street number, street name, city, state and zip code. The completed Plaintiff's Preliminary Disclosure Form shall be served on Defense Counsel and Plaintiffs' Liaison Counsel and **SHALL NOT** be filed with the Court.

GENERAL CASE INFORMATION SECTION I			
Caption:		Plaintiff's Attorney & Contact Information:	
Docket No.:			
Name:		Wrongful Death Claim:	Yes ☐ No ☐
Address:		Date of Birth:	
		Social Security No.:	

IMPLANTATION SURGERY INFORMATION SECTION II			
Identify Side of Body Where Product at Issue Implanted:	Right ☐ Left ☐ Both ☐ (check one) (Fill out the information below for each implant surgery. Add additional sheets as needed.)		
Right Side Implantation Surgery		Left Side Implantation Surgery	
Identify Implanted Product at Issue:	Rejuvenate ☐ ABG II ☐	Identify Implanted Product at Issue:	Rejuvenate ☐ ABG II ☐
Serial Code/Catalog No./ Lot No. of Implanted Products (Stem and Neck) at Issue:		Serial Code/Catalog No./ Lot No. of Implanted Products (Stem and Neck) at Issue:	
Date of Implantation:		Date of Implantation:	
Name and Address of Implanting Surgeon:		Name and Address of Implanting Surgeon:	
Name and Address of Hospital or Clinic Where Implant Surgery Performed:		Name and Address of Hospital or Clinic Where Implant Surgery Performed:	
ATTACH RECORDS ESTABLISHING PRODUCT IDENTIFICATION AND PAGES WITH MANUFACTURER/PRODUCT STICKERS FOR EACH PRODUCT IMPLANTED			

REVISION SURGERY INFORMATION

SECTION III-A

Have You Had a Revision Surgery?:	Yes ☐ No ☐ (If Yes, fill out information below, if No, skip to Section III-B.)
Side of Body:	Right ☐ Left ☐ Both ☐ (check one) (Fill out the information below for each revision surgery. Add additional sheets as needed.)

Right Side Revision Surgery		Left Side Revision Surgery	
Date of Revision:		Date of Revision:	
Name and Address of Revision Surgeon:		Name and Address of Revision Surgeon:	
Name and Address of Hospital or Clinic Where Revision Performed:		Name and Address of Hospital or Clinic Where Revision Performed:	
Manufacturers and Sizes of Replacement Device(s):		Manufacturers and Sizes of Replacement Device(s):	
Are You in Possession of Explant?	Yes ☐ No ☐	Are You in Possession of Explant?	Yes ☐ No ☐
Location of Explant:		Location of Explant:	

SECTION III-B

Do You Currently Have a Revision Surgery Scheduled?	Yes ☐ No ☐ (If Yes, fill out information below, if No, skip to Section IV.)
Side of Body:	Right ☐ Left ☐ Both ☐ (check one) (Fill out the information below for each scheduled revision surgery. Add additional sheets as needed.)

Right Side Revision Surgery Scheduled		Left Side Revision Surgery Scheduled	
Date of Scheduled Revision:		Date of Scheduled Revision:	
Name and Address of Scheduled Revision Surgeon:		Name and Address of Scheduled Revision Surgeon:	
Name and Address of Hospital or Clinic Where Revision is Scheduled to be Performed:		Name and Address of Hospital or Clinic Where Revision is Scheduled to be Performed:	

ADDITIONAL MEDICAL INFORMATION
SECTION IV

Imaging Study(ies) Conducted? (e.g. MRI, CT, Ultrasound, etc.):	Yes ☐ No ☐	If yes, identify where conducted:	
		If yes, list which reports are available:	
Blood Testing Conducted:	Yes ☐ No ☐	If yes, identify where conducted:	
		If yes, list which reports are available:	

Has your doctor recommended revision or re-revision surgery but advised that surgery is medically contraindicated and/or would be life threatening?	Yes ☐ No ☐	If yes, please provide:	
		Name and Address of Doctor:	
		Date(s) of Discussion:	
		All Individuals Present During Discussion(s):	
		Medical Condition(s) Preventing Surgery:	
		Is Condition Permanent or Temporary?	
Have you had any other hip surgery post-revision (not identified) that you claim is related to the implantation or revision:	Yes ☐ No ☐	If yes, please provide:	
		Date(s) of Additional Surgery(ies):	
		Name and Address of Surgeon Who Performed:	
		Name and Address of Hospital or Clinic Where Performed:	
		Condition(s) Treated:	
Other than the revision history set forth above, if applicable, and any alleged pain and suffering leading to or associated with the revision(s), are you claiming any other specific residual injury(ies):	Yes ☐ No ☐	If yes, please describe:	