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BRIAN D. GARRUTO, J.S.C.

IN RE RISPERDAL/SEROQUEL/ ZYPREXA LITIGATION	SUPERIOR COURT OF NEW JERSEY LAW DIVISION: MIDDLESEX COUNTY Case No. 274 CIVIL ACTION **CASE MANAGEMENT ORDER NO. 4**

This matter having come before the Court at a case management conference on June 14, 2007, with the recognition by the Court and the parties that discovery and trial of these cases will be overseen by this Court, and in recognition that discovery and trial issues are most efficiently handled by the entry of Case Management Orders, and for good cause shown;

IT IS ON THIS 3rd DAY OF ~~JULY~~ August, 2007, **ORDERED** that all case-specific discovery relating to the individual claims of plaintiffs and all general discovery of each defendant in these coordinated proceedings shall be conducted as follows, subject to entry of subsequent Case Management Orders modifying or supplementing this Case Management Order No. 4:

I. GENERAL DISCOVERY OF DEFENDANTS

A. General Discovery of AstraZeneca Pharmaceuticals LP and Related Defendants ("AstraZeneca")

(1) This Court has been advised that there is currently an ongoing Multidistrict Litigation ("MDL") proceeding in the Middle District of Florida (Orlando Division), *In re Seroquel Products Liability Litigation*, MDL No. 1769 (hereinafter "MDL

1769"), in which all federal cases alleging that Seroquel caused diabetes-related injuries have been consolidated for coordinated pretrial proceedings, including plaintiffs' general discovery of AstraZeneca. To the extent that any counsel in this litigation is not participating in MDL 1769, that counsel and counsel for AstraZeneca shall meet and confer regarding a means for that counsel to obtain discovery and the parties may submit a stipulated Case Management Order to the Court or may apply to the Court for the entry of a discovery Case Management Order by Notice of Motion upon twenty-one (21) days notice. Discovery produced pursuant to this Order shall be subject to the execution of a mutually agreeable protective order.

(2) The parties have further advised this Court that general discovery of AstraZeneca in MDL 1769 has been ongoing since September 2006. AstraZeneca is in the process of producing documents to plaintiffs. Depositions of AstraZeneca corporate representatives are also in progress. These depositions have been cross-noticed in this litigation and lawyers representing plaintiffs in this litigation have appeared and participated in those depositions. Further depositions of AstraZeneca witnesses in MDL 1769 will also be cross-noticed in this litigation.

(3) Plaintiffs are to notice and complete all depositions of AstraZeneca personnel to be taken in this coordinated proceeding by August 1, 2008. To the extent AstraZeneca employees have been deposed in MDL 1769 or in any other personal injury case involving Seroquel, they will not be redeposed in this action without leave of court and good cause shown. Transcripts and videotapes of all depositions taken in MDL 1769 or any other proceeding can be used in this litigation as though the depositions had been taken in this litigation. Depositions of AstraZeneca witnesses cross-noticed in this litigation shall be

conducted, to the extent practicable, in New Jersey or in Philadelphia, Pennsylvania. AstraZeneca agrees to provide counsel in this litigation with adequate notice of the depositions.

(4) Plaintiffs shall be permitted to serve written discovery upon AstraZeneca at any time prior to March 1, 2008. AstraZeneca reserves the right to object to all or part of such written discovery on any grounds provided for under the New Jersey Rules of Court, including that the discovery sought is repetitive, redundant or cumulative of other discovery provided by AstraZeneca in this proceeding, in MDL 1769 and/or in any other related litigation. If such objections are made by AstraZeneca, AstraZeneca is required to identify, by Bates numbers and date produced, the documents produced or interrogatory responses that respond to the purportedly repetitive discovery in this litigation as part of its discovery.

B. General Discovery of Janssen Pharmaceutica Inc. and Related Defendants ("Janssen")

(1) General discovery of Janssen shall proceed simultaneously with defendants' case-specific discovery of plaintiffs in this litigation. Document production has been ongoing in *Foti v. Janssen*, venued in Louisiana, through which 17,000,000 pages have been produced to date. To the extent that any counsel in this litigation is not participating in the *Foti* litigation, that counsel and counsel for Janssen shall meet and confer regarding a means for that counsel to obtain discovery and the parties may submit a stipulated Case Management Order to the Court or may apply to the Court for the entry of a discovery Case Management Order by Notice of Motion upon twenty-one (21) days notice. Discovery produced pursuant to this Order shall be subject to the execution of a mutually agreeable protective order.

(2) Company witness depositions shall commence simultaneously with plaintiff depositions in the Janssen cases, and shall be completed by August 1, 2008.

(3) If a Janssen witness has been deposed in another personal injury case regarding Risperdal in another venue and the deposition has been cross-noticed in this litigation, the witness' deposition shall not be retaken in this litigation without leave of Court and for good cause shown. Transcripts and videotapes of depositions taken in other venues can be used in this litigation as though the depositions had been taken in this litigation. Depositions of Janssen witnesses noticed or cross-noticed in this litigation shall, to the extent practicable, be conducted in New Jersey or in Philadelphia, Pennsylvania.. Janssen agrees to provide counsel in this litigation with adequate notice of any depositions scheduled in other related proceedings.

(4) Plaintiffs shall be permitted to serve written discovery upon Janssen at any time until March 1, 2008. Janssen reserves the right to object to all or part of such written discovery on any grounds under the New Jersey Rules of Court, including that the discovery sought is repetitive, redundant or cumulative of other discovery provided by Janssen in this proceeding, and/or in any other related litigation. If such objections are made by Janssen, Janssen is required to identify, by Bates numbers and date produced, the documents produced or interrogatory responses that respond to the purportedly repetitive discovery in this litigation.

C. General Discovery of Eli Lilly and Company and Related Defendants ("Lilly")

(1) Many of the claims pending in this court against Lilly are subject to settlement agreements which are being processed. It is expected that those claims will have their settlements finalized by the Fall and at that point the intent of the parties is to dismiss those claims. Accordingly, all litigation activity involving Lilly in cases subject to settlement agreements shall be stayed until further notice.

(2) Trials were scheduled against Lilly for July 2007, in *In re Zyprexa Products Liability Litigation* (MDL 1596), the MDL proceeding in the Eastern District of New

York in which all federal cases alleging that Zyprexa caused diabetes-related injuries have been consolidated for coordinated pretrial proceedings. Those trials were set after the completion of discovery, including numerous fact and expert depositions, and the production by Lilly of over 15,000,000 pages of documents, data sources and databases. To the extent that any counsel in this litigation is not participating in MDL 1596, that counsel and counsel for Lilly shall meet and confer regarding a means for that counsel to obtain discovery and the parties may submit a stipulated Case Management Order to the Court or may apply to the Court for the entry of a discovery Case Management Order by Notice of Motion upon twenty-one (21) days notice. Discovery produced pursuant to this Order shall be subject to the execution of a mutually agreeable protective order.

(3) Any future depositions of Lilly witnesses in other venues may be cross-noticed in this litigation. Transcripts and videotapes of depositions of Lilly witnesses taken in other venues can be used in this litigation as though the depositions had been taken in this litigation. Requests for additional depositions of any previously-deposed witnesses shall be made by appropriate application to the court.

(4) To the extent Lilly employees have been deposed in MDL 1596 or in any other personal injury case regarding Zyprexa, they will not be redeposed in this action without leave of court and good cause shown. Plaintiffs shall be permitted to serve written discovery upon Lilly at any time prior to March 1, 2008. Lilly reserves the right to object to all or part of such written discovery on any grounds under the New Jersey Rules of Court, including that the discovery sought is repetitive, redundant or cumulative of other discovery provided by Lilly in this proceeding, in MDL 1596 and/or in any other related litigation. If such objections are made by Lilly, Lilly is required to identify, by Bates numbers and date produced, the documents

produced or interrogatory responses that respond to the purportedly repetitive discovery in this litigation.

D. General Discovery of Third Parties

The Parties are to complete all discovery of third parties to be taken in this coordinated proceeding by August 1, 2008, absent good cause shown. Any party seeking such discovery shall provide all other parties with at least 30 days notice.

II. SHORT FORM PLAINTIFF FACT SHEET

A. Each plaintiff shall complete and serve on defendants a Short Form Plaintiff Fact Sheet, the form of which has been agreed to by the parties, and which is attached hereto as Exhibit A ("Short Form PFS").

B. Plaintiff shall provide all the requested information in the Short Form PFS, and shall sign and date the accompanying Acknowledgement ("Completed Short Form PFS").

C. Authorizations and releases for medical and other records, and psychotherapy notes in the forms attached hereto as Exhibits B and C have been agreed to by the parties. Each plaintiff shall serve on defendants executed authorizations annexed to their Completed Short Form PFS. Said authorizations shall enable defendants to obtain records from each physician, pharmacy or other health care provider identified by plaintiff in the Completed Short Form PFS.

D. In the event defense counsel identify and seek to obtain medical records from additional healthcare provider(s) not initially identified in the Completed Short Form PFS, they shall notify plaintiffs' counsel in writing of such request. Plaintiff's counsel shall provide defendants with executed authorizations enabling defendants to obtain medical records from each identified physician, pharmacy or other healthcare provider within thirty (30) days of receipt of defendants' request, or notify defendants why there is an objection to providing such

authorization or why such authorization cannot be provided to defendants within thirty (30) days of receipt of defendants' request.

E. Plaintiffs shall serve the Completed Short Form PFS with all requested information, attachments and executed authorizations on all counsel of record for the named defendants in accordance with the following schedule:

(1) On or before May 1, 2007, the firm of Weitz & Luxenberg P.C. ("Weitz") shall have served on defendants Completed Short Form PFSs and executed authorizations for one-third of the plaintiffs that it currently represents and for whom they have filed Complaints as sole counsel of record.

(2) On or before June 1, 2007, Weitz shall have served on defendants Completed Short Form PFSs and executed authorizations for one-third of the remaining plaintiffs that it currently represents and for whom they have filed Complaints as sole counsel of record.

(3) On or before July 2, 2007, Weitz and all other firms that represent plaintiffs in this litigation shall serve on defendants Completed Short Form PFSs and executed authorizations for the remainder of all plaintiffs that each such firm represents and for whom they have filed Complaints in this litigation on or before the date of this Order.

F. If any plaintiff who has served a Completed Short Form PFS pursuant to this Order thereafter obtains information that renders the Short Form PFS incomplete or inaccurate, that plaintiff shall serve on defendants amendments to their Short Form PFS. All amendments to the Short Form PFS shall either be certified as permitted under New Jersey court rules or accompanied by a signed and dated Acknowledgement in the form attached hereto as Exhibit A or such signed and dated Acknowledgement shall be provided to defendants not more than

ninety (90) days after service of the amendments nor less than twenty (20) days prior to any deposition in that case, whichever is earlier.

G. For any Complaint filed after the date of this Order, plaintiffs shall serve on defendants a Completed Short Form PFS within thirty (30) days from the date the Complaint is filed.

H. In the event a plaintiff fails to serve a Short Form PFS by July 15, 2007, defendants may file a motion to dismiss with prejudice on thirty (30) days notice to plaintiff's counsel. In the event a plaintiff in a post-Order Complaint fails to serve a Short Form PFS within thirty (30) days of the filing of the Complaint, defendants may file a motion to dismiss with prejudice on thirty (30) days notice to plaintiff's counsel. Any opposition by a plaintiff must be served and filed at least ten (10) days prior to the return date of the motion. In any case in which plaintiff has timely served a Short Form PFS by July 15, 2007 that does not contain a signed and dated Acknowledgement, the absence of the signed and dated Acknowledgement shall not be a basis for dismissal under this paragraph, but rather shall be subject to the provisions of Section II.I, *infra.*

I. In the event a plaintiff fails to serve a Completed Short Form PFS with all requested information, attachments and executed authorizations, defendants shall notify plaintiff's counsel in writing of such failure with a specification of the alleged deficiencies, and advise that if the deficiencies are not cured within forty-five (45) days, a motion for appropriate relief, including a motion to dismiss, may be filed. All of plaintiff's supplemental answers correcting the deficiencies shall be accompanied by a certification as permitted under New Jersey court rules or a signed and dated Acknowledgement in the form attached hereto as Exhibit A. If by forty-five (45) days after the service of such notification, plaintiff has not

corrected the deficiencies, defendants may file a motion seeking appropriate relief on twenty-one (21) days notice to plaintiff's counsel. Any opposition by a plaintiff must be served and filed at least ten (10) days prior to the return date of the motion.

J. All records retrieved by defendants shall be selectively available for duplication at plaintiffs' request and at plaintiffs' expense.

III. LONG FORM PLAINTIFF FACT SHEET

A. Each plaintiff shall complete and serve on defendants a Long Form Plaintiff Fact Sheet, the form of which has been agreed to by the parties, and which is attached hereto as Exhibit D ("Long Form PFS").

B. Plaintiff shall provide all the requested information in the Long Form PFS, and shall sign and date the accompanying Acknowledgement ("Completed Long Form PFS").

C. Plaintiffs' counsel shall serve Completed Long Form PFSs in groups of at least 100 randomly selected cases ("Group"). The Court has been advised that the first two Groups were assigned on May 6, 2007, using the Research Randomizer website (www.randomizer.org), and that they contain a minimum of 50 cases against AstraZeneca and a minimum of 50 cases against Janssen in each Group. The first two Groups ("Group 1" and "Group 2") shall be limited to cases in which Janssen is (or Janssen-related entities are) the sole defendant(s) and AstraZeneca is (or AstraZeneca-related entities are) the sole defendant(s), except that the first Group shall also include the following cases filed in 2005:

Logan v. AZ - L-006925-05 (AZ/Janssen)
McLean v. AZ - L-006826-05 (AZ only)
Alban v. AZ - L-006927-05 (AZ, Janssen, Lilly)
Taylor Parrish v. J&J - L-008139-05 (Janssen only)
Berkowitz v. J&J - L-008143-05 (Janssen only)
Stephens v. J&J - L-008347-05 (Janssen only)

The Janssen-only cases filed in 2005 shall be added to the 50 randomly selected Janssen-only cases in Group 1 (hereinafter the "Janssen subgroup"), and the other three cases filed in 2005 shall be added to the 50 randomly selected AstraZeneca-only cases in Group 2(hereinafter the "AstraZeneca subgroup"). Subsequent Groups may include cases in which defendants AstraZeneca and Janssen are named as co-defendants.

D. On or before August 1, 2007, plaintiffs shall serve on defendants Completed Long Form PFSs for Group 1. Plaintiffs shall serve on defendants Completed Long Form PFSs for each successive Group in six-month intervals thereafter until they have served Completed Long Form PFSs for each plaintiff. For example, the Completed Long Form PFS shall be served on or before February 1, 2008, for Group 2 and on or before August 1, 2008, for the third Group.

E. In the event a plaintiff fails to serve a Completed Long Form PFS with all requested information, documents, attachments and executed authorizations, defendants shall notify plaintiff's counsel in writing of such failure with a specification of the alleged deficiencies, and advise that if the deficiencies are not cured within forty-five (45) days, a motion to dismiss may be filed. All of plaintiff's supplemental answers addressing the deficiencies shall be certified as permitted under New Jersey court rules or will be accompanied by a signed and dated Acknowledgement. If by forty-five (45) days after the service of such notification, plaintiff has not corrected the deficiencies, defendants may file a motion seeking appropriate relief on twenty-one (21) days notice to plaintiff's counsel. Any opposition by a plaintiff must be served and filed at least ten (10) days prior to the return date of the motion.

F. In the event a plaintiff fails to serve a Long Form PFS within fifteen (15) days of the applicable deadline set forth in this Order, defendants may file a motion to dismiss with

prejudice on thirty (30) days notice to plaintiff's counsel. Any opposition by a plaintiff must be served and filed at least ten (10) days prior to the return date of the motion.

G. For every case in Group 1 or Group 2 that is dismissed at least 60 days before the case-specific discovery in that Group is scheduled to commence under Paragraph IV below, each case behind the dismissed case in the randomly-selected sequence shall move up one place in order to assure that each Group is comprised of at least 100 cases by the time that case-specific discovery of each Group is scheduled to commence.

IV. INITIAL CASE-SPECIFIC DISCOVERY WITH RESPECT TO EACH GROUP

A. Initial Case-Specific Discovery, as defined below, of each Group may commence thirty (30) days after the Completed Long Form PFSs are due for each Group.

B. Within six (6) months of a Group's deadline for the service of Completed Long Form PFSs as set forth herein, defendants may depose each plaintiff in that Group from whom they have received a Completed Long Form PFS, each of such plaintiff's physicians who prescribed and/or provided to that plaintiff any medication at issue in this litigation that was manufactured by a defendant in that case; and the physician who was principally responsible for the diagnosis and treatment of such plaintiff's claimed injury or injuries (collectively, "Initial Case-Specific Discovery"). Nothing herein shall preclude the plaintiffs from seeking to stay the depositions of physicians until discovery of the defendants that may be relevant to physician depositions has been completed; and defendants reserve the right to oppose such a stay request on any ground.

C. Not less than thirty (30) days prior to the deposition of a physician, defendants shall serve on plaintiff's counsel physician-specific information, including information regarding any detailing services defendants specifically performed with respect to that physician with respect to any medication at issue in this litigation. Such information is deemed to be part of

Initial Case-Specific Discovery as used herein. The parties shall meet and confer regarding the scope of such physician-specific information, and to the extent there is not agreement on that issue, the parties shall submit their disagreement to the Court no later than August 15, 2007.

D. To the extent possible, all physician depositions in connection with the same plaintiff shall be scheduled on consecutive dates, excluding weekends.

E. Plaintiffs' depositions may be conducted at a limited number of central locations to be determined by mutual agreement of counsel. In the event a plaintiff fails to appear for a mutually scheduled deposition, plaintiff's counsel shall promptly provide available dates for the rescheduling of the deposition. In the event plaintiff again fails to appear, defendants may move to dismiss plaintiff's case with prejudice on thirty (30) days notice to plaintiff's counsel. Any opposition by a plaintiff must be served and filed at least ten (10) days prior to the return date of the motion.

V. CASE SELECTION FOR INITIAL TRIAL SETTINGS AND COMPLETION OF CASE-SPECIFIC DISCOVERY IN THE SELECTED CASES

A. Within two weeks of the completion of Initial Case-Specific Discovery in the Group 1 cases (*i.e.*, by no later than March 14, 2008), the parties shall meet and select twenty (20) cases from that Group for the initial trial settings, ten (10) from the AstraZeneca subgroup and ten (10) from the Janssen subgroup.

B. The plaintiffs shall be entitled to select ten (10) of the twenty (20) cases and defendants shall be entitled to select ten (10), provided that five (5) of plaintiff's selections and five (5) of defendants' selections are from the AstraZeneca subgroup and five (5) of plaintiffs' selections and five (5) of defendants' selections are from the Janssen subgroup.

C. No later than March 14, 2008, the Court will determine the trial sequence of the 20 cases selected by the parties to accomplish the following objectives, to the maximum extent feasible:

(1) The first trial shall be set for October 1, 2008;

(2) Among the 10 AstraZeneca cases, plaintiff's and defendants' selections shall have alternate trial settings;

(3) Among the 10 Janssen cases, plaintiff's and defendants' selections shall have alternate trial settings;

(4) Neither AstraZeneca nor Janssen shall be scheduled with back-to-back trial settings.

D. At the time that the Court determines the sequence of the first 20 trials, it shall determine, with input from the parties, the estimated time to be allotted for each trial and the appropriate time intervals between trials.

E. With respect to the 20 cases selected for the initial trial settings, the remainder of all case-specific discovery, including expert reports and depositions, shall be completed no later than 60 days before its scheduled trial date. The use of depositions at trial shall be governed by the New Jersey Rules of Court.

F. A separate Case Management Order will be entered governing the parties pretrial obligations between the completion of case-specific discovery and the scheduled commencement of trial.

VI. DISCOVERY CASE MANAGEMENT ORDERS

All discovery to be conducted in these coordinated proceedings shall proceed only pursuant to Case Management Orders. In the event that the parties cannot agree to a proposed Case Management Order, any party may apply to the Court for the entry of a discovery Case

Management Order by Notice of Motion upon twenty-one (21) days notice.

Bryan D. Garruto, J.S.C.

IN RE: PLAINTIFF'S FACT SHEET

Claimant's Full Name and any Prior Names (The person prescribed):			
Name, address and relationship of personal representative (if filing on behalf of someone else that took Zyprexa, Risperdal or Seroquel):			
Claimant's Social Security #:			
Claimant's Gender:			
Claimant's Date of Birth:			
Claimant's Address:			
Attorney Representing:	Weitz & Luxenberg 120 Wall St., 15th Floor, New York, NY 10038		
Case Caption and Docket Number			
Zyprexa, Risperdal or Seroquel Usage dates and dosage:	☐ Zyprexa	Dates	Dosage
	☐ Risperdal	Dates	Dosage
	☐ Seroquel	Dates	Dosage
Reason for Prescription:			
Name and Address of Prescribing Physician(s): (add attachment if necessary)			
Name and Address of Treating Physician(s): (add attachment if necessary)			
Name and Address of Pharmacy(ies) where Prescriptions were filled:			
Injury(ies) for which claims are being asserted:			
Date(s) of injury(ies):			

Exhibit "A"

Name and address of physician or facility that diagnosed principal injury(ies):	

ACKNOWLEDGEMENT

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 and that I have signed, witnessed, and supplied the authorizations attached to this Plaintiff's Fact Sheet.

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.

Date: _____ Signature _____

AUTHORIZATION FOR RELEASE OF ALL RECORDS

Patient Name: _____
Other name(s) used by Patient: _____
DOB: _____
Social Security Number: _____
Case Name: _____

PROVIDER NAME: _____
PROVIDER ADDRESS: _____

I hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, mental health clinics, mental health hospitals, pharmacies, educational facilities, former and present employers, insurance providers, including Medicare and Medicaid, Social Security Administration Disability Determination Services, and Department of Workers' Claims, to release all existing medical records and information, relating to the medical care, treatment, physical/mental condition, and documentation of medical expenses revealed by your observation or treatment past, present and future, including records generated by third parties, as well as all educational and employment records regarding Patient to:

RecordTrack
651 Allendale Road
King of Prussia, PA 19406

I understand that this authorization includes but is not limited to information regarding the diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), and psychiatric and psychological disorders, excluding Psychotherapy Notes as defined by the Health Insurance Portability and Accountability Act 45 CFR 164.50. It also includes x-ray reports, laboratory reports, CT scans reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, fetal monitor strips, discharge summaries, photographs, surgery consent forms, informed consent forms regarding family planning, admission and discharge records, operation records, doctor and nurses notes, prescriptions, medical bills, invoices, histories, diagnoses, home health records, diabetic flow sheets, electronic and digital records, psychiatric treatment and counseling records, psychological treatment and counseling records, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputes, resolutions and payments, medical records provided as evidence of services provided, and any other document or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc). It also includes my complete employment personnel file, including attendance reports, performance reports, W-4 forms, W-2 forms, medical reports and/or any and all other records relating to my employment, past and present, and all educational records, including courses taken, degrees obtained, and attendance records. This listing is not meant to be exclusive.

This authorization permits you to release copies of records you made in connection with examinations, diagnosis and treatment of me; it does not permit you, nor does it authorize you, to speak to anyone concerning your care and treatment of me. It does not permit you to be interviewed or to give any statements concerning your care and treatment of me.

I, the undersigned individual am on notice that:

Exhibit "B"

- This request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.
- Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.
- This authorization can be revoked through written notice to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.
- A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of the above-referenced case or five (5) years from the date of this authorization, whichever comes later.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Date: _____

_____
(Signature) Patient or Patient Representative

_____
Printed Name of Patient's Representative (if applicable)

_____
Description of Representative's authority to act for patient /relationship to patient (if applicable)

Address:
[Plaintiff's name and address]
_____
_____
_____

This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164.

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION
(PSYCHOTHERAPY NOTES)

Patient Name: _____

1. I hereby authorize _____(the "Practitioner"), to release a copy of my protected health information in my medical record to:

   Name and Address of Authorized Recipients:

   RecordTrack
   651 Allendale Road
   King of Prussia, Pennsylvania 19406

2. Description of protected health information to be released or disclosed pursuant to this authorization:

   psychotherapy notes, which include notes (in any medium) of the Practitioner or any other mental health practitioner documenting, analyzing and/or describing the contents of a conversation during any of my private counseling sessions and/or group, joint or family counseling sessions. I understand that the psychotherapy notes may contain information regarding my diagnosis and/or treatment for HIV and/or AIDS.

3. The Protected Health Information indicated above is to be used and/or disclosed for the following purpose(s):

4. This authorization expires on the following date/event:

   two years after the date of its authorization

5. I understand that, when my Protected Health Information is used and disclosed pursuant to this authorization, my protected health information may be subject to redisclosure by the authorized recipient and may no longer be protected under the federal privacy regulations issued by the U.S. Department of Health and Human Services.

6. I understand that I may revoke this authorization at any time by notifying the Practitioner, in writing, at _____
   Attn: Privacy Officer, but that any such revocation will not be effective with respect to any actions that the Practitioner took in reliance upon this authorization and before receiving my written revocation.

7. I understand that I may refuse to sign this authorization and that doing so will not affect my treatment by the Practitioner or payment for that treatment.

8. The Practitioner will not receive payment or any other remuneration in exchange for using and/or disclosing my protected health information as described above.

EXIBIT "C"

I have read the above and authorize the use and/or disclosure of the Protected Health Information as stated.

_____ _____

Signature of Patient or Patient's Representative Date

If signed by Patient's Representative, indicate relationship to the Patient:

_____

NEW JERSEY ATYPICAL ANTIPSYCHOTIC LITIGATION

PLAINTIFF FACT SHEET

Please provide the following information for each individual on whose behalf a claim is being made. If you are completing this questionnaire in a representative capacity, please respond to all questions with respect to the person who used Risperdal®, Seroquel®, and/or Zyprexa®. Those questions using the term "You" refer to the person who used Risperdal®, Seroquel®, and/or Zyprexa®. In filling out this form, please use the following definitions: (1) "healthcare provider" means any hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical, dietary, ophthalmology, psychiatric or psychological care or advice, and any pharmacy, weight loss center, dentist, x-ray department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, physician, psychiatrist, osteopath, homeopath, chiropractor, psychologist, therapist, nurse, herbalist, nutritionist, dietician, or other persons or entities involved in the evaluation, diagnosis, care and/or treatment of you; (2) "document" means any writing or record of every type that is in your possession or the possession of your counsel, including but not limited to written documents, e-mail, cassettes, videotapes, DVDs, photographs, charts, computer discs or tapes, x-rays, drawings, graphs, phono-records, non-identical copies and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into reasonably usable form. **You may attach as many sheets of paper as necessary to fully answer these questions.**

If you have any documents (as defined above), including, but not limited to, packaging, instructions, Risperdal®, Seroquel®, and/or Zyprexa® product, or other materials or items that you are requested to produce as part of answering this fact sheet or that relate to Risperdal®, Seroquel®, and/or Zyprexa®, any other antipsychotic medication you allegedly took, or the incident, injuries, claims, or damages that are the subject of your complaint, you must NOT dispose of, alter or modify these documents or materials in any way. You are also required to give all of these documents and materials to your attorney as soon as possible. If you are unclear about these obligations please contact your attorney.

In completing this Fact Sheet you are under oath and must provide information that is true and correct to the best of your knowledge.

158383_2

Exhibit "D"

I. PRELIMINARY INFORMATION

A. Full name of person who used Risperdal®, Seroquel®, and/or Zyprexa®:_____

_____

B. Case caption and civil action no.:_____

_____

C. Your attorney's name:_____

Firm:_____

Address:_____

Telephone number:_____ Fax number:_____

E-mail address:_____

If you are completing this Fact Sheet on behalf of the estate of a deceased person or a minor, state:

1. Your name and address:_____

_____

2. Representative capacity(*i.e.*, administrator, executor, or guardian):_____

3. Your relationship to deceased or represented person:_____

4. Court which appointed you and date of appointment:_____

_____

II. PERSONAL INFORMATION FOR THE RISPERDAL®, SEROQUEL®, and/or ZYPREXA® USER

A. Address:_____

B. Maiden, or any other names used by you, and dates of use:_____

C. Social Security Number: _____

D. Date and city of birth:_____ Date of Death:_____

E. Sex: Male_____ Female:_____

F. Ethnicity: African-American_____ Caucasian____ Hispanic_____ Native American_____
Other (please specify)_____

G. Marital Status:_____

H. Have you ever served in any branch of the military? Yes_____ No_____
1. If yes, branch and dates of service: _____

2. Were you ever rejected or discharged from military service for any reason related to your medical, physical, psychiatric or emotional condition? Yes_____ No_____
If yes, state the condition and the date of occurrence:_____

I. Schools you have attended (high school and beyond):

1. High School:
Name:_____
Address:_____
Grade completed:_____
Dates of attendance:_____

2. If you attended school beyond high school, as to each school state:
Name:_____
Address:_____
Dates of attendance:_____
Degree awarded and major:_____

* Please attach additional pages as needed.

III. EMPLOYMENT INFORMATION

A. For each employer for the past ten (10) years, state:

Name of Employer	Address and Phone Number	Job Title/Duties	Dates Employed

* Please attach additional pages as needed

B. Since the age of 21, have you ever been unemployed? Yes _____ No _____
If yes, state date(s) of and reasons for any unemployment:_____

C. Have you ever been out of work for more than thirty (30) days for reasons related to your health (medical, physical, psychiatric or emotional condition)? Yes_____ No_____
If yes, please state the dates, employer and health condition:_____
_____

IV. RISPERDAL®

Date(s) of Use	Dose	Name and Address of Prescribing Physician	Reason for Use	Name and Address of Dispensing Pharmacy

A. Do you continue to take Risperdal®? Yes_____ No_____
If no, state when you stopped and why:_____

B. Has any healthcare provider recommended that you not use Risperdal®? Yes_____ No_____
If yes, state the name and address of that healthcare provider and the date of that recommendation was made:_____
_____

* If any such advice or recommendation was in writing, please attach a copy.

C. Have you had any direct communication, oral or written, with Johnson & Johnson Co., Janssen Pharmaceutica Products, L.P., Janssen L.P., Janssen Pharmaceutica, L.P., Janssen Pharmaceutica, Inc., or any of their representatives? Yes ____ No _____

V. SEROQUEL®

Date(s) of Use	Dose	Name and Address of Prescribing Physician	Reason for Use	Name and Address of Dispensing Pharmacy

A. Do you continue to take Seroquel®? Yes_____ No_____
If no, state when you stopped and why:_____

B. Has any healthcare provider recommended that you not use Seroquel®? Yes_____ No_____
If yes, state the name and address of that healthcare provider and the date of that recommendation was made:_____
_____

* If any such advice or recommendation was in writing, please attach a copy.

C. Have you had any direct communication, oral or written, with AstraZeneca Pharmaceuticals LP and/or AstraZeneca LP or any of their representatives? Yes ____ No _____

VI. ZYPREXA®

Date(s) of Use	Dose	Name and Address of Prescribing Physician	Reason for Use	Name and Address of Dispensing Pharmacy

A. Do you continue to take Zyprexa®? Yes_____ No_____
If no, state when you stopped and why:_____

B. Has any healthcare provider recommended that you not use Zyprexa®? Yes_____ No_____
If yes, state the name and address of that healthcare provider and the date of that recommendation was made:_____
_____

* If any such advice or recommendation was in writing, please attach a copy.

C. Have you had any direct communication, oral or written, with Eli Lilly & Co. or any of its representatives? Yes ____ No _____

VII. INJURIES, SYMPTOMS, DIAGNOSES & DAMAGES

A. Are you claiming to have suffered any physical, mental or emotional condition as a result of using any of the following:

1. Risperdal®? Yes____ No____
2. Seroquel®? Yes____ No____
3. Zyprexa®? Yes____ No____

B. If you answered yes to any of the above three questions under section VII.A., for each condition separately state or provide:

1. Detailed description of condition:_____
_____
2. The date you first became aware of the condition: _____
3. How you first became aware of it:_____
4. Which drug(s) you believe caused your condition:_____
5. Whether you have consulted with any healthcare provider(s) regarding the condition? Yes___ No___
   If yes., please identify healthcare provider's name and address:_____
   _____

* Please attach additional pages if necessary.

C. Are you claiming that you have paid, or will have to pay, any monetary expenses or fees as a result of having used Risperdal®, Seroquel®, and/or Zyprexa®? Yes_____ No_____
If yes, please describe:_____
_____

VIII. HEALTHCARE PROVIDERS AND PHARMACIES

A. Identify the following for each healthcare provider, **including psychiatrists, psychologists, social workers, or mental health professionals**, you have consulted since ten (10) years prior to your first ingestion of Risperdal®, Seroquel®, and/or Zyprexa® (or if you are a minor please list *all* healthcare providers):

Name and Specialty	Address and Phone Number	Dates of Treatment	Reason for Treatment

Name and Specialty	Address and Phone Number	Dates of Treatment	Reason for Treatment

* Please attach additional pages if necessary.

B. Identify the following for each time you were hospitalized and/or received treatment in an emergency room or an out-patient setting since ten (10) years prior to your first ingestion of Risperdal®, Seroquel®, and/or Zyprexa® (or if you are a minor please list *all* hospitalizations):

Name of Facility	Address and Phone Number	Dates of Treatment	Reason for Treatment

* Please attach additional pages if necessary.

C. Identify the following for each pharmacy, drug store and/or other supplier (including mail order and internet pharmacies) where you have filled prescriptions since ten (10) years prior to your first ingestion of Risperdal®, Seroquel®, and/or Zyprexa® to present (or if you are a minor please list *all* pharmacies, etc.):

Name	Address and Phone Number	Dates Prescriptions Were Filled	Specify Whether Prescription Was for Risperdal®, Seroquel®, or Zyprexa®

Name	Address and Phone Number	Dates Prescriptions Were Filled	Specify Whether Prescription Was for Risperdal®, Seroquel®, or Zyprexa®

*Please attach additional pages if necessary.

IX. MEDICAL BACKGROUND

A. Current Height_____ Weight_____

B. Have you ever taken medications (prescription or over-the-counter) to control your weight?
Yes_____ No_____
If yes, please list the medication(s), the date(s) you took the medication(s), and the healthcare provider(s) that prescribed the medication(s) (if applicable):

_____

_____

C. Drinking History

1. Do you currently drink alcohol (beer, wine, whiskey, etc.)? Yes _____ No ____
If yes, how many drinks per day? _____

2. Have you ever drunk alcohol (beer, wine, whiskey, etc.)? Yes _____ No _____
If yes, what was your greatest alcohol consumption over an extended (six (6) month or greater) period within the last ten (10) years: ____ drinks per day
When was this period? _____ to _____

D. Medical History: Have you ever been diagnosed or treated for any of the following?

Condition	Yes	No	Dates of Diagnosis/Treatment
Schizophrenia			
Bipolar Disorder			
Depression			
Any other mental illness or disease (If yes, please specify _____)			
Type I diabetes mellitus			
Type II diabetes mellitus or NIDDM			
Diabetes mellitus			
Gestational Diabetes			

Diabetic coma			
Diabetic ketoacidosis (DKA)			
Diabetic ketosis			
Glycosuria/glucosuria (sugar in your urine)			
Hyperglycemia (high blood sugar)			
Any other problems related to blood sugar, glucose, ketones, or insulin			
High Cholesterol/hyperlipidemia			
High triglycerides			
Obesity (overweight)			
Pancreatitis			
Neuroleptic Malignant Syndrome			
Tardive Dyskinesia or other movement disorder			
Extrapyramidal Symptoms (EPS)			
Hyperprolactinemia			

E. *Other than* those conditions that you believe were caused by your use of Risperdal®, Seroquel®, and/or Zyprexa®, do you currently suffer from any physical injuries, illnesses or disabilities?
Yes _____ No _____
If yes, please identify:
Injury, illness or disability: _____
Date(s) of onset: _____
Date(s) of diagnosis: _____
Physician by whom first treated: _____
Physician's address (if not otherwise provided): _____
_____

X. MEDICATIONS

A. Do you currently take, or have you taken, any of the following medications:

Medication	Yes	No	If yes, dose and dates of usage
Abilify (Aripiprazole)			
Clozaril (Clozapine)			
Geodon (Ziprasidone)			
Haldol (Haloperidol)			
Navane (Thiothixine)			
Solian (Amisulpride)			
Stelazine (Trifluoperazine)			
Thorazine (Chlorpromazine)			
Trilafon/Triavil (Perphenazine)			
Any other psychiatric medication (If yes, please specify_____)			

B. Have you ever taken or used any illicit drugs or methadone? Yes____ No_____
If yes, please list drug(s) and period(s) of use: _____
_____

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XI. FAMILY MEDICAL HISTORY

A. To the best of your knowledge, please indicate whether your *parents, siblings, children or grandparents* have ever suffered from or treated for any of the following:

Condition	Yes	No	If yes, identify the family member(s)
Obesity			
Diabetes			
Hyperglycemia			
Hypertension or high blood pressure			
Vascular problems or poor circulation			
Glucose Intolerance			
Glandular disease			
High cholesterol or triglycerides			
Alcoholism			
Any psychiatric disease or abnormality (If yes, please specify _____)			

XII. FACT WITNESSES

A. Other than your healthcare providers, please identify all persons whom you believe possess information concerning your injury and/or other facts related to your claim:

Name	Address	Type of information

B. Have you obtained a statement, oral or written, from any person not a party to this action?
Yes_____ No_____ (If yes, please attach a copy.)

XIII. INSURANCE AND BENEFITS

A. Has any insurance or other company (including Medicare/Medicaid) provided you with medical coverage or paid your medical bills at any time beginning ten (10) years prior to your prescription of Risperdal®, Seroquel®, and/or Zyprexa® through the present? Yes _____ No_____
If yes, then identify the following as to each such company:

Name of Company	Address and Phone Number	Policy Number

Name of Company	Address and Phone Number	Policy Number

B. Have you ever applied for worker's compensation, social security, state or federal disability benefits or any other form of disability claim? Yes _____ No _____
If yes, then identify the following as to each application submitted:

Agency	Date of Submission	Nature of Injury	Claim/Docket Number

XIV. PRIOR LEGAL ACTIONS

A. Have you ever been a party to a lawsuit, judicial proceeding or made a claim (other than in the present suit) whether civil, criminal or administrative? Yes_____ No_____
If yes, then identify the following as to each:

Caption and Case No.	Date Filed	Nature of Action	Outcome	Your Lawyer's Name and Address

B. Have you ever been convicted of, or pled guilty to, a misdemeanor or felony? Yes____ No____
If yes, describe the crime or offense, the state and county, and the outcome of the charge:
_____
_____

C. Are you a participant in any settlement relating to your use of Zyprexa®? Yes_____ No_____

XV. DOCUMENTS

A. Please sign and attach to this Fact Sheet the authorizations for the release of records.

B. If completing this Fact Sheet on behalf of a deceased person, please attach the legal documentation establishing that you are the legal representative and the Decedent's death certificate and autopsy report (if applicable).

C. Please indicate whether you or your counsel have any of the following materials in your possession by placing a checkmark next to the word "yes" or "no." **If yes, attach a copy of any such documents. In responding, note that Risperdal® is risperidone, Seroquel® is quetiapine, and Zyprexa® is olanzapine.**

1. Medical records from any physician, hospital or healthcare provider for the ten (10) years prior to your first ingestion of Risperdal®, Seroquel®, and/or Zyprexa® to present. Yes____ No ____

2. Pharmacy records for the ten (10) years prior to your first ingestion of Risperdal®, Seroquel®, and/or Zyprexa® to present, including receipts, prescriptions or records of purchase. Yes____ No____

3. Advertisements for Risperdal®, Seroquel®, and/or Zyprexa®, or articles discussing Risperdal®, Seroquel®, and/or Zyprexa® which you reviewed before and during the time you took Risperdal®, Seroquel®, and/or Zyprexa®. Yes____ No____

4. The packaging, including the box and label, for Risperdal®, Seroquel®, and/or Zyprexa® and any remaining medication (plaintiffs must retain the originals of the items requested). Yes____ No____

5. Product use instructions, product warnings, package inserts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of Risperdal®, Seroquel®, or Zyprexa®. Yes____ No____

6. Documents that mention Risperdal®, Seroquel®, and/or Zyprexa®, or any alleged health risks or hazards related to Risperdal®, Seroquel®, and/or Zyprexa®, in your possession at or before the time of the injury alleged in your complaint. Yes____ No____

7. Statements obtained from or given by any person having knowledge of facts relevant to the subject of this litigation. Yes____ No____

8. Documents that were provided to you by any of the defendants. Yes____ No____

9. Documents constituting any communications or correspondence between you and any representative of the defendants. Yes____ No____

10. Documents concerning any antipsychotic medications you have used or ingested, other than Risperdal®, Seroquel®, or Zyprexa®. Yes____ No____

11. Photographs, drawings, journals, slides, videos, DVDs or any other media relating to your alleged injury or your life after the incident. Yes____ No____

12. If you claim you have suffered a loss of earnings or earnings capacity, your federal tax returns for each of the last five (5) years. Yes____ No____

13. If you claim you have suffered a loss of earnings or earnings capacity, all employment records in your possession, including employment applications, performance evaluations, paychecks and pay stubs. Yes____ No____

14. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy or other healthcare provider. Yes____ No____

15. If you have been the claimant or subject of any worker's compensation, Social Security or other disability proceeding, all documents relating to such proceeding.
Yes____ No____

16. Copies of all pleadings, including but not limited to complaints, answers, answers to interrogatories, deposition notices, transcripts of depositions, settlement papers, releases, stipulations of dismissal and covenants not to sue, in any action for personal injuries by or on behalf of you at any time during your life. Yes____ No____

17. Journals, diaries, notes, letters, e-mails or other documents written by you or received by you which refer to your health or well-being, including any injuries or illnesses, or which refer to Risperdal®, Seroquel®, and/or Zyprexa®, or the risks or benefits of Risperdal®, Seroquel®, and/or Zyprexa®, or which refer to the use of any other antipsychotic medications. Yes____ No____

18. Print-outs of all websites or blogs which are maintained or created by you.
Yes____ No____

19. Print-outs of internet postings made by you which relate to your health or well-being, including any injuries or illnesses, or which refer to Risperdal®, Seroquel®, and/or Zyprexa®, or the risks or benefits of Risperdal®, Seroquel®, and/or Zyprexa®, or which refer to the use of any other antipsychotic medications.
Yes____ No____

ACKNOWLEDGEMENT

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 and that I have supplied all the documents requested in Part XV of this Plaintiff's Fact Sheet, to the extent that such documents are in my possession or in the possession of my lawyers, and that I have signed, witnessed, and supplied the authorizations attached to this Verification.

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.

Date:_____ _____
Signature