SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: BERGEN COUNTY, NEW JERSEY

IN RE: **ALLERGAN BIOCELL TEXTURED BREAST IMPLANT PRODUCT LIABILITY LITIGATION** **THIS DOCUMENT RELATES TO: ALL CASES**	**MCL No. 634** **MASTER DOCKET NO. BER-L-5064-20**

CASE MANAGEMENT ORDER NO. 13
(Order Governing Discovery, Bellwether Selection and Scheduling of Product-In-Place Plaintiffs)

I. SCOPE OF ORDER

As of October 14, 2025, there are approximately 35 plaintiffs with pending cases in MCL 634 who allege that they have not been diagnosed with BIA-ALCL and who have not undergone an explant/revision surgery ("Product-In-Place plaintiffs"). [See Exhibit A hereto] This Case Management Order ("CMO") will govern the guidelines and procedures for selecting bellwether cases in MCL 634 consisting of a random sample of Product-In-Place plaintiffs, as well as establishing the guidelines and procedures for Plaintiff case-specific discovery to be conducted in these cases.

II. DISCOVERY

A. On October 30, 2025, a random sample of 6 Product-In-Place Plaintiffs shall be selected who will thereafter, within 40 days, serve a Short-Form Plaintiff Fact Sheet ("SF-PFS") in the form attached hereto as Exhibit B, through MDL Centrality.

B. For each Product-In-Place Plaintiff who serves a completed SF-PFS, the Allergan Defendants will serve a corresponding Short Form Defendant Fact Sheet ("SF-DFS") in the form

attached hereto as Exhibit C within 40 days from the date of service of a completed SF-PFS, through MDL Centrality.

C. The Parties will report to the Court at a future Case Management Conference, concerning the status of the Product-In-Place Plaintiffs.

It is SO ORDERED.

BY THE COURT:

Hon. Gregory Padovano

GREGG M. PADOVANO

Plaintiff	Counsel
Almeliky, Laci	Mazie Slater Katz & Freeman LLC
Brill, Meghan	Mazie Slater Katz & Freeman LLC
Candido, Nicole	Mazie Slater Katz & Freeman LLC
Carson, Jean	Mazie Slater Katz & Freeman LLC
Clapper, Lori	Mazie Slater Katz & Freeman LLC
Cody, Theresa	Mazie Slater Katz & Freeman LLC
Daste, Gina	Mazie Slater Katz & Freeman LLC
Davis, Anna	Mazie Slater Katz & Freeman LLC
Davis, Tiffany	Pro Se
Deahl, Allison	Levin Papantonio Rafferty
Dimarhos, Irene	Mazie Slater Katz & Freeman LLC
Finamore, Lori	Mazie Slater Katz & Freeman LLC
Gerber, Lauren	Mazie Slater Katz & Freeman LLC
Glaze, Halah	Mazie Slater Katz & Freeman LLC
Ha, Hang	Mazie Slater Katz & Freeman LLC
Hanratty, Lisa	Mazie Slater Katz & Freeman LLC
Klinger, Ilene	Mazie Slater Katz & Freeman LLC
Kohlhoff, Kara	Mazie Slater Katz & Freeman LLC
Levy, Camila	Mazie Slater Katz & Freeman LLC
Lucius, Hope	Mazie Slater Katz & Freeman LLC
Milo, Jenine	Mazie Slater Katz & Freeman LLC
Nalesnik, Cathleen	Mazie Slater Katz & Freeman LLC
Ortiz, Mary	Mazie Slater Katz & Freeman LLC
Pagano, Florenia	Mazie Slater Katz & Freeman LLC
Ramey, Shelley	Mazie Slater Katz & Freeman LLC
Rico, Randi	Mazie Slater Katz & Freeman LLC
Roberts, Sylvia	Pro Se
Robertson, Rhonda	Mazie Slater Katz & Freeman LLC
Searfoss, Jessie	Pro Se
Seguin, Alicia	Mazie Slater Katz & Freeman LLC
Siller, Erika	Mazie Slater Katz & Freeman LLC
Solano, Dina	Mazie Slater Katz & Freeman LLC
Spooner, Caroline	Mazie Slater Katz & Freeman LLC
Tuiofea, Estralita	Mazie Slater Katz & Freeman LLC
Uhl, Beverly	Mazie Slater Katz & Freeman LLC

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CASE MANAGEMENT ORDER
PLAINTIFF SHORT FORM FACT SHEET FOR PRODUCT-IN-PLACE CASES

1. Plaintiff's Name: _____

2. Name of Person completing this Form (if different than Plaintiff):

   _____

3. Plaintiff's DOB: _____

4. Plaintiff's current address: _____

5. Plaintiff's current occupation and employer: _____

6. Plaintiff's Law Firm Name: _____

1. BREAST IMPLANT USE HISTORY

Please provide the information requested in the chart below regarding Plaintiff's Biocell products that are currently in place, including breast implants and/or tissue expanders. In addition, based upon your best recollection, please identify all other breast implants/tissue expanders that have ever been implanted in the past, whether or not the implants/expanders were manufactured by Allergan.

Implant 1 1.1 Breast Implant(s) and/or Tissue Expander(s) Received			
Implantation date:		Name and address of implanting surgeon:	
Manufacturer/Lot/Serial numbers:		Reason for receiving implant(s)/expander(s) (*e.g.*, augmentation, reconstruction):	
If implant(s)/expander(s) were ever removed, date of removal.		Name and address of surgeon who removed implant(s)/expander(s):	
Implant 2 1.2 Breast Implant(s) and/or Tissue Expander(s) Received			
Implantation date:		Name and address of implanting surgeon:	
Manufacturer/Lot/Serial numbers:		Reason for receiving implant(s)/expander(s) (*e.g.*, augmentation, reconstruction):	
If implant(s)/expander(s) were ever removed, date of removal.		Name and address of surgeon who removed implant(s)/expander(s):	

Implant 3 1.3 Breast Implant(s) and/or Tissue Expander(s) Received			
Implantation date:		Name and address of implanting surgeon:	
Manufacturer/Lot/Serial numbers:		Reason for receiving implant(s)/expander(s) (*e.g.*, augmentation, reconstruction):	
If implant(s)/expander(s) were ever removed, date of removal.		Name and address of surgeon who removed implant(s)/expander(s):	

2. CLAIMED INJURIES AND DAMAGES

2.1 For each injury, symptom or condition that Plaintiff alleges resulted from use of Biocell device(s) identified above, including, without limitation, any emotional or mental-health related conditions, state:

Injury /symptom alleged	**Date first experienced symptoms**	**Date first received treatment (if any)**	**Name and address of treating health care provider(s)**	**Description of treatment provided**

2.2 If Plaintiff has paid or incurred any medical expenses, including amounts billed or paid by insurers and other third-party payors, which are related to any injury or condition which Plaintiff claims was caused by your use of Biocell device(s) and for which you seek to recover in this case, please state the total amount of such expenses.

_____

2.3 If Plaintiff contends that she has been diagnosed with any medical condition(s) which prevents removal of her Biocell device(s), please provide the following information:

Medical condition(s)	Name and address of treating physician(s) who have recommended against removal.	Date of discussion(s)	Summary of discussion and number of times discussed with your physician(s)

2.1 Does Plaintiff contend that she would remove her Biocell device(s) but for financial inability?

□ Yes □ No

3. KNOWLEDGE OF RECALL

3.1 When did Plaintiff learn that Biocell product(s) had been recalled? _____

3.2 How did Plaintiff learn about the recall? _____

3.3 If Plaintiff discussed the recall with any physicians, provide the following information about such communications:

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

4. DOCUMENT DEMANDS

Produce all non-duplicative, and non-privileged, non-work product protected documents, including but not limited to ESI documents, in Plaintiff's or Plaintiff's lawyers' possession, custody, or control, following a reasonable search for documents responsive to the following requests.

4.1 Documents sufficient to show that Plaintiff has in-place Biocell device(s), including model, lot and serial numbers.

□ Yes □ No

4.2 Medical records, pharmacy records, reports, test results, bills, and any other records or documents relating to Plaintiff's use of Biocell device (s) and/or tissue expanders, or Plaintiff's claimed injuries.

□ Yes □ No

4.3 Documents reflecting discussions between Plaintiff and any treating healthcare providers regarding removal of Plaintiff's Biocell device(s).

□ Yes □ No

4.4 Documents constituting, concerning, or relating to product use instructions, product warnings, product brochures, or other materials distributed with or provided to Plaintiff in connection with Plaintiff's use of Biocell device(s).

□ Yes □ No

DECLARATION

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

The information provided in this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information and belief, and it was formed after due diligence and reasonable inquiry, except that my statements regarding breast implants/expanders other than the Biocell products currently in place are based upon my best recollection only. The spelling of any names identified in this Plaintiff Fact Sheet are accurate to the best of my knowledge and belief.

I have conducted reasonable searches of documents within my possession, custody, or control, and/or in the possession of my lawyer for information, responsive to the requests in Section 3 of this Plaintiff Fact Sheet. All responsive, non-duplicative, and non-privileged documents have been produced with this Plaintiff Fact Sheet.

I acknowledge that I have an obligation to supplement the above responses if I learn that they are in any material respect incomplete or incorrect.

_____
Plaintiff's Signature

_____
Plaintiff's Printed Name

_____
Date

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PRELIMINARY STATEMENT

The Allergan Defendants have relied on the information contained in the Short Form Plaintiff Fact Sheet ("SF-PFS") for purposes of responding to this Short Form Defendant Fact Sheet ("SF-DFS") and have provided information based upon reasonable review of available databases and/or other sources of centralized information likely to contain responsive information. The Allergan Defendants have not endeavored to search for requested information in individual custodial files or email records.

DEFINITIONS

1. "BIOCELL" means any and all textured breast implants or textured breast expanders manufactured by or on behalf of the Allergan Defendants.

2. "PRESCRIBING HEALTHCARE PROVIDER" means providers of healthcare, including, but not necessarily limited to physicians, surgeons, medical specialists, medical or osteopathic physicians, surgeons, general surgeons, plastic surgeons, ENT surgeons or other specialists or general practitioners, who prescribed and/or implanted BIOCELL products to Plaintiff.

I. CASE INFORMATION

This SF-DFS pertains to the following case:

Case Caption:
Docket No.:

II. CONTACTS WITH PLAINTIFF'S PRESCRIBING HEALTHCARE PROVIDERS

A. As to each PRESCRIBING HEALTHCARE PROVIDER identified by Plaintiff(s) in response to the SF-PFS, set forth the following information:

1. Identify the PRESCRIBING HEALTHCARE PROVIDER.

2. Set forth all contacts between ALLERGAN and the PRESCRIBING HEALTHCARE PROVIDER, with regard to Plaintiff.

III. INFORMATION REGARDING PLAINTIFF

A. Produce all documents in Allergan's possession, custody, or control that identify Plaintiff and/or produce all Med Watch Adverse Event Reports and/or any other documents submitted by ALLERGAN to the FDA or any other government agency with regard to the Plaintiff.

IV. MANUFACTURING/DEVICE INFORMATION

A. Set forth the lot number(s) for the BIOCELL device(s) implanted into Plaintiff, as identified by Plaintiff in her SF PFS.

B. Produce the Device History Record (a.k.a. Batch Record) for the lot. [The Batch Record will address both the finished goods and the component pieces and include a report detailing any nonconformities to the product specifications, if any.

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

ALLERGAN CERTIFICATION

I am authorized to sign this Certification to the Allergan Defendants' Responses to this Short Form Defendant Fact Sheet and state that the matters inquired above are not necessarily within my personal knowledge; that the facts stated therein have been assembled by authorized employees and/or counsel for the Allergan Defendants and I am informed that the facts stated therein are true. I declare under penalty of perjury that the foregoing is true to the best of my knowledge, information and belief at the present time.

_____

Name:
Title: