DRINKER BIDDLE & REATH LLP

A Delaware Limited Liability Partnership
500 Campus Drive
Florham Park, New Jersey 07932-1047
(973) 549-7000
Attorneys for Defendants
DEPUY ORTHOPAEDICS, INC., DEPUY, INC.,
DEPUY INTERNATIONAL LIMITED,
JOHNSON & JOHNSON INTERNATIONAL,
JOHNSON & JOHNSON SERVICES, INC., AND
JOHNSON & JOHNSON

FILED

JUN 17 2011

BRIAN R. MARTINOTTI, J.S.C.

DIDE DEDING A GDTM
IN RE DEPUY $\mathbf{ASR}^{TM}$
HIP IMPLANTS LITIGATION

SUPERIOR COURT OF NEW JERSEY LAW DIVISION: BERGEN COUNTY

: CASE CODE 293

**CIVIL ACTION** 

This Document Relates to All Actions

CASE MANAGEMENT ORDER NO. 3

THIS MATTER having been opened to the Court by lead counsel for the parties, and the parties consenting to the form, substance and entry of the Order, and for good cause shown,

IT IS on this  $17^{th}$  day of June 2011;

## **ORDERED** as follows:

- 1. This Order shall apply to all Plaintiffs and their counsel in DePuy ASR<sup>TM</sup> Hip Implant Products Litigation actions currently centralized for coordinated management in the Bergen County Vicinage and all those hereinafter filed in or transferred to the Bergen County Vicinage pursuant to the Supreme Court Order dated April 12, 2011 (collectively, "the NJ ASR<sup>TM</sup> proceedings") and all Defendants and their counsel in the NJ ASR<sup>TM</sup> proceedings.
- 2. Each individual Plaintiff shall complete the one-page Plaintiff's Preliminary Disclosure Form, attached as Exhibit A, within thirty (30) days of the date of this Order or within

thirty (30) days of the transfer of any Complaint to this Court. The Plaintiff's Preliminary Disclosure Form shall be served on Plaintiffs' and Defendants' Lead Counsel.

3. The Plaintiff's Preliminary Disclosure Form shall be completed by counsel for the Plaintiff. It is not a verified discovery response. Instead, the Form is designed to obtain information on product identification; the status of any revision, if any; and information the Court finds necessary to assess the need for future discovery.

4. Defendant shall respond to the Plaintiff's Preliminary Disclosure Form within forty-five (45) days to provide whether or not Defendant is in possession of any of the material (explanted device, blood, tissue) from revision surgeries identified in Plaintiff's Preliminary Disclosure Form.

IT IS SO ORDERED.

BRIAN R. MARTINOTTI, J.S.C.

FP01/6524552.1

## IN RE DEPUY ASR $^{\text{TM}}$ HIP IMPLANTS LITIGATION

SUPERIOR COURT OF NEW JERSEY LAW DIVISION: BERGEN COUNTY

CASE CODE 293

## PLAINTIFF'S PRELIMINARY DISCLOSURE

<u>Instructions</u>: Please provide the following information for each individual on whose behalf a claim is being made relating to implantation of the DePuy ASR 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.

Caption:			Plaintiff's Att	orney &				
Docket No.:			Contact Infor					
							A STATE OF THE STA	
Name:			<u>kon er egil julijan i kon homor kon literatur koli i konsek</u>	* as 9 - 50 - 1	Wrongful	Y/N	<u> </u>	
					Death Clai	m:		
Address:					Date of Bir	rth:		
Type of				Product C	ode/Lot			
Prosthesis:				Code:				
Side of Body:					Date of Implantation:			
	(Complete one Plaintif							
Name and Addre	each implantation surg	ery involving	an ASK product)					
Implanting Surg								
Name and Addre								
or Clinic where								
performed:	Jul golf							
	EDICAL RECORDS V	VITH MAN	UFACTURER/PRODE	UCT STICKE	RS FROM IMP	LANTATIO	VSURGERY	
							, benden	
Revision Surger	v Scheduled	Y/N	Date of Revision S	urgery (if co	heduled):	, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Imaging Study(ies) Conducted? (eg		Y/N	If yes, list which re		neduled).			
MRI/CT/ Ultrasound)		'''	are available:	ports				
Blood Testing Conducted:		Y/N	If yes, list which re	norts				
		••••	are available:	Ports				
Date(s) of Revisi	ion Surgery:				<u></u>	p-000 0 11 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1	the second to the second of th	
Name(s) and Ad	dress(es) of						· <u>·</u> ···	
Revision Surgeo								
Name(s) and Ad-							 	
Revision Surgery								
Manufacturer(s)				-				
of Replacement								
Are You in Posse	ession of Explant?	Y/N	Location of	f Explant:				
Broadspire ID N	o. (if applicable):							
3Y:								
Attorney for Plai	intiff – INSERT NA	$\overline{ME}$	Dated		-			