IN RE STRATTICE HERNIA MESH LITIGATION	SUPERIOR COURT OF NEW JERSEY LAW DIVISION – ATLANTIC COUNTY MCL CASE NO: 636 MASTER DOCKET NUMBER: ATL-L-3857-21 **CASE MANAGEMENT ORDER NO. 10 (PLAINTIFF FACT SHEET AND DEFENDANT FACT SHEET)**

This Court hereby issues the following Case Management Order to govern the form, procedure, and schedule for the completion and service of Plaintiff Fact Sheets and Defendant Fact Sheets for use in Bellwether Trial Pool cases selected pursuant to Case Management Order No. 5.

I. Scope of this Order

1. The Plaintiff Fact Sheet ("PFS") attached hereto as Exhibit A, and the Defendant Fact Sheet ("DFS") attached hereto as Exhibit B, are hereby adopted any and all Bellwether Trial Pool cases selected pursuant to Case Management Order ("CMO") No. 5.

2. For Bellwether Trial Pool Plaintiffs, the obligation to comply with this CMO and to provide a PFS shall fall solely on each individual plaintiff. As with all case-specific discovery, Plaintiffs' Leadership Counsel are not obligated to conduct case-specific discovery for plaintiffs by whom they have not been individually retained.

3. Neither the PFS nor the DFS will be interpreted to limit the scope of inquiry at depositions, nor will they affect whether evidence is admissible at trial. The admissibility of information in the PFS and DFS is governed by the Rules Governing the Courts of The State of New Jersey, and objections to admissibility are not waived by virtue of the completion and service of a PFS or DFS.

II. Deadline for Completion and Service

1. By agreement of the parties, the deadlines for service of a completed PFS and DFS in CMO No. 5 are modified as follows: Trial Pool Plaintiffs shall serve a completed PFS and any responsive documents on or before June 3, 2022. Defendants shall serve a completed DFS and any responsive documents within 30 days of receipt of a completed PFS. All other deadlines in CMO No. 5 remain in effect.

2. Receipt of an allegedly deficient PFS shall not serve as a basis for failure to provide a DFS. Rather, if Defendants are in receipt of an allegedly deficient PFS, Defendants shall nonetheless complete a DFS and, if Defendants claim an inability to complete portion(s) the DFS due to an informational deficiency in a PFS, Defendants shall state that with specificity within the applicable portion(s) of the DFS.

3. A completed PFS and any responsive documents shall be served upon Defendants' counsel via email at: **strattice.pff@nelsonmullins.com**, along with a copy of the PFS to the Plaintiffs' Leadership Counsel at **strattice@kbaattorneys.com**.

4. A completed DFS and any responsive documents shall be served upon each plaintiff's counsel of record along with a copy of the DFS to the Plaintiffs' Leadership Counsel at **strattice@kbaattorneys.com.**

III. Supplements and Amendments

1. Plaintiffs and Defendants are under a continuing obligation to timely supplement or amend a PFS and DFS and responsive documentation.

IV. Deficiency Dispute Resolution

1. The provisions of this Section shall apply to all plaintiffs and Defendants.

2. If any party ("Producing Party") fails to produce a Fact Sheet within the time required by this Order or serves a PFS or DFS that is deemed to be deficient by the receiving party ("Receiving Party"), the Receiving Party shall notify the Producing Party's counsel of the failure to serve a PFS or DFS or of any alleged deficiency by email. A courtesy copy of the email identifying the alleged deficiency shall be sent to Plaintiffs' Leadership Counsel at **strattice@kbaattorneys.com.** In the email, the Receiving Party shall identify the case name, docket number, the 15-day deadline date, and include sufficient detail regarding the alleged deficiency(ies). Upon receipt of such written notice, the Producing Party shall then have 15 days to serve a PFS or DFS or to cure or otherwise respond to the alleged deficiency.

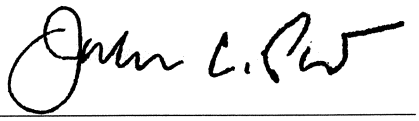
3. Before the 15 days expires, the Producing Party may request one extension of an additional 15 days to serve a complete or amended PFS or DFS, which shall not be unreasonably withheld, making the due date for such PFS and DFS 30 days after the original deficiency notice was served. Such requests must be made by the Producing Party via email to the Receiving Party's counsel of record before the expiration of the 15-day deadline, with a courtesy copy sent to the Plaintiffs' Leadership Counsel at **strattice@kbaattorneys.com.**

4. With regard to deficiency disputes (which includes failure to return authorization(s)), if the Producing Party fails to respond or otherwise cure the alleged deficiency, the Receiving Party may request a meet and confer via email. A courtesy copy of the email shall be sent to the Plaintiffs' Leadership Counsel at **strattice@kbaattorneys.com.** The parties' meet and confer shall be completed within 15 days of the request, absent agreement of the parties. Following the conclusion of the meet and confer period, should the Producing Party fail to participate in the meet and confer process or otherwise cure the deficiency in a manner satisfactory to the Receiving Party, absent agreement of the parties, the Receiving Party may file a Motion to

Compel the allegedly deficient discovery information in the individual case docket, with a courtesy copy sent via email to the Producing Party's counsel and to Plaintiffs' Leadership Counsel at **strattice@kbaattorneys.com**. The Producing Party may file a response within the time allotted by New Jersey Rules of Court or by order of the Court.

IT IS SO ORDERED

Date: August 3, 2022



Hon. John C. Porto, P.J.Cv.

IN RE STRATTICE HERNIA MESH LITIGATION	SUPERIOR COURT OF NEW JERSEY LAW DIVISION – ATLANTIC COUNTY MCL CASE NO: 636 MASTER DOCKET NUMBER: ATL-L-3857-21 **PLAINTIFF FACT SHEET**

INSTRUCTIONS

In completing this Plaintiff Fact Sheet, you must provide information that is true and correct to the best of your knowledge, information and belief. If you cannot recall all of the details requested, please provide as much information as you can. If any information you need to complete any part of the Fact Sheet is in the possession of your attorney, please consult with your attorney so that you can fully and accurately respond to the questions set out below. If you are completing the Fact Sheet for someone who cannot complete the Fact sheet themselves, please answer as completely as you can. Whether you are completing this Plaintiff Fact Sheet for yourself or for someone else, the term "You" means the person who was treated with Strattice Mesh.

The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order. This Plaintiff Fact Sheet is completed pursuant to the Rules Governing the Courts of the State of New Jersey. Information provided in this Plaintiff Fact Sheet shall only be used for purposes related to this litigation and may be disclosed only as permitted by the protective order in this litigation.

In completing this form, please use the following definition: "healthcare provider" means any hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care or advice, and any pharmacy, x-ray department, radiology department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, or other persons or entities involved in the diagnosis, care and/or treatment of you. In addition, for purposes of completing this form, "Effective Date" means either the date of your first Strattice implant surgery or ten years from when you complete this form, whichever occurred first.

If you learn that any of your responses are incomplete or incorrect at any time, please supplement your responses.

I. CASE INFORMATION

1. Caption: _____

   Docket No.: _____

2. Primary attorney contact (name, address, phone, and email):

   _____

3. Full name of the person completing this form, if different from the person listed in the caption above, and the relationship of the person completing this form to the person listed in the caption above (For example: Representative, Guardian, Other):

_____

II. PLAINTIFF INFORMATION

1. Name of individual implanted with Strattice Mesh _____

   a. ☐Male ☐Female

   b. Date of birth:_____

   c. Last four digits of Social Security No.: _____

   d. Other names by which you have been known (from prior marriages or otherwise):

   _____

2. Name of Estate Representative if individual implanted with Strattice Mesh is deceased or is not the filing party: _____

3. Have you ever filed for bankruptcy: ☐Yes ☐No

   If so, for each such instance identify the court/state of filing, caption of the case, docket number, and the date of filing and current status: _____

4. Current Home Address: _____

   a. How long have you lived at your current address? _____

   b. Provide the following for each of your prior residences from the Effective Date to the present:

Prior Address	Dates You Lived at Each Address

   c. Where did you reside (city and state) at the time of your Strattice Mesh implantation surgery(ies)?

   _____

d. Where did you reside (city and state) at the time of your Strattice Mesh removal(s) or revision(s) surgery (if applicable)? _____

5. Have you ever been married? ☐Yes ☐No

a. If Yes, provide the following for any marriages:

Spouse First and Last Name (Current)	Dates of Marriage	If Applicable: Reason for End of Marriage (e.g., death, divorce).	Spouse's Current Address and Telephone Number

b. As part of your lawsuit, are you asserting a claim for loss of consortium on behalf of your current spouse? ☐Yes ☐No

6. Provide the full name and current age of each of your children, if any. Please provide the home state of any child over the age of 18.

Name	Current State	Age

7. Identify the name, relationship, and current age of any person who currently resides with you: _____

8. Identify the name, relationship, and age (at that time) of any person who was residing with you at the time of your Strattice Mesh implantation surgery(ies): _____

9. Identify the name, relationship, and age (at that time) of any person who was residing with you at the time of the Strattice Mesh explant or revision surgery(ies) (if applicable): _____

10. Have you ever served in any branch of the military? ☐Yes ☐No

a. If Yes, please provide the following information: Branch and dates of service, rank upon discharge, and the type of discharge you received:

_____

11. Have you ever been convicted of, or pleaded guilty to a felony, misdemeanor, and/or crime of fraud or dishonesty: ☐Yes ☐No

a. If Yes, please set forth the felony, misdemeanor, and/or crime, the date of the conviction or plea, the court, and the docket number: _____

12. Have you or anyone acting on your behalf had any communication, oral or written, with LifeCell Corporation, Allergan, Inc., Allergan USA, Inc., AbbVie, Inc., or their representatives, other than through your attorneys? ☐Yes ☐No

    a. If Yes, set forth the date of the communication, the method of communication, the name of the person with whom you communicated, and the substance of the communication between you and LifeCell Corporation, Allergan, Inc., Allergan USA, Inc., AbbVie, Inc., or their representatives:_____

13. Do you recall responding to a television or media advertisement relating to hernia mesh lawsuits?
    ☐Yes ☐No

    If Yes:

    a. Provide the approximate date: _____
    b. To the best of your recollection, did the advertisement mention Strattice hernia mesh?

14. Are you now or have you ever been a member of Facebook, LinkedIn, Instagram, Twitter, or any other social media websites: ☐Yes ☐No

    a. If Yes, provide the following information:

Name of Social Media Site(s)	Plaintiffs Username(s)/Handle(s)	Approximate Age of Account

15. If you have ever made a claim, whether in the nature of a lawsuit, demand, or other request for damages, against any implanting or treating physician or hernia mesh manufacturer related to the implant at issue in this case, any other hernia mesh implants you have received, and/or the injuries you claim are caused by the Strattice Mesh implant, please identify the following:
    a. Case Caption: _____
    b. Case Number: _____
    c. Venue: _____
    d. Alleged Injuries: _____
    e. The resolution of the case (if applicable): _____

III. CONSORTIUM PLAINTIFF INFORMATION (IF APPLICABLE)

This section only needs to be completed if the spouse is pursuing a loss of consortium claim.

1. Name: _____

    a. Other names (maiden name, prior marriages, etc.):_____

b. Date of birth: _____

c. Last four digits Social Security No.: _____

d. Address: _____

2. Specify the injuries you allege that your spouse has sustained as a result of the Strattice Mesh:

_____

_____

_____

3. Is your spouse now or ever been a member of Facebook, LinkedIn, Instagram, Twitter, or any other social media websites: ☐Yes ☐No

a. If Yes, provide the following information:

Name of Social Media Site(s)	Plaintiffs Username(s)/Handle(s)	Approximate Age of Account

4. Has your spouse ever been convicted of, or pleaded guilty to, a felony, misdemeanor, and/or crime of fraud or dishonesty: ☐Yes ☐No ☐N/A

a. If Yes, please set forth the felony, misdemeanor, and/or crime, the date of the conviction or plea, the court, and the docket number: _____

5. Please list the name and address of any healthcare providers your spouse has seen for treatment from any injuries or symptoms alleged to be related to the loss of consortium claim, if any:

Provider Name, Address, and Specialty	Condition Treated	Approximate Date(s) of Treatment

IV. STRATTICE MESH DEVICE INFORMATION

1. Date(s) of Strattice Mesh implant(s): _____

a. Reason(s) the Strattice Mesh was implanted: _____

b. Strattice Mesh Size: _____

c. Lot Number: _____

d. Product Code: _____

e. Implanting Surgeon: _____

f. Medical Facility: _____

g. Additional products implanted during same procedure(s) (if any): _____

h. Additional procedures performed during the implantation procedure (if any):

_____

2. For the Strattice Mesh product(s) identified above, indicate if, prior to implantation, you received any written and/or verbal information or instructions, including any risks or complications that might be associated with the use of the product(s)?

☐Yes ☐No ☐Do not recall

If Yes:

a. Provide the date you received the written and/or verbal information or instructions:

_____

b. Identify by name and address the person(s) who provided the information or instructions:

_____

c. Describe in detail the information or instructions received: _____

3. For the Strattice Mesh product identified above, did you receive post-operative surgical care instructions and/or restrictions that were provided either written and/or verbally?

☐Yes ☐No ☐Do not recall

If Yes:

a. Provide the date(s) you received the written and/or verbal instructions and/or restrictions:

_____

b. Identify by name, if known, and address the person(s) who provided the instructions and/or restrictions: _____

c. Describe the instructions and/or restrictions received: _____

d. If you have copies of the written instructions or restrictions you received, please separately upload a true and correct copy of any such documents with this completed Fact Sheet.

4. For any Strattice Mesh product that remains implanted in you:

a. Has any doctor or healthcare professional recommended removal or revision of the Strattice Mesh product(s)? ☐Yes ☐No

If Yes:

i. Identify by name and address the doctor who recommended removal or revision:

_____

ii. State your understanding of why the doctor recommended removal or revision:

_____

b. Has any doctor or health care provider advised you not to have the Strattice Mesh product removed or revised? ☐Yes ☐No

If Yes:

i. Identify by name and address the doctor or healthcare professional who recommended not having the product removed/revised: _____

ii. State your understanding of why the doctor recommended that you not have the product removed/revised: _____

V. REMOVAL/REVISION SURGERY INFORMATION

1. Date of Strattice Mesh revision/explant surgery(ies): _____

a. Description of revision/explant surgery(ies): _____

b. Revising/Explanting surgeon(s): _____

c. Medical Facility(ies):_____

d. Does any medical treater, physician, or anyone else on your behalf have possession of any portion of the Strattice Mesh product that was previously implanted in you and removed? ☐Yes ☐No ☐Do Not Know

If Yes, please state name and address of the person or entity having possession of same:

_____

If No, do you know whether the removed portion of your Strattice Mesh product was destroyed? ☐Yes ☐No ☐Do Not Know

If Yes, describe how you know and identify who destroyed it:

_____

VI. OUTCOME ATTRIBUTED TO DEVICE

1. Do you claim that you suffered injuries as a result of the implantation of Strattice Mesh?

☐Yes ☐No ☐Do Not Know

If Yes:

a. Please describe in detail the physical injury(ies) you claim were caused as a result of your use of Strattice and whether they are ongoing:

_____

b. Please list all doctors or other healthcare providers not previously identified in this document that you have seen for treatment of any of the alleged injuries listed above.

Provider Name, Address, and Specialty	Condition Treated	Approximate Date(s) of Treatment

2. Are you currently experiencing any physical or bodily injuries that you believe are a result of your use of Strattice?

a. If Yes, please describe your current symptoms in detail if different than that which is set forth in Question 1(a) above: _____

b. Are you currently seeing a doctor or healthcare provider for any of the injuries listed above: ☐Yes ☐No

c. Other than those doctors listed in the chart above, please list all doctors you are currently seeing for treatment of the injuries listed above:

Provider Name, Address, and Specialty	Condition Treated	Approximate Dates of Treatment

3. Do you claim that you have suffered a psychiatric or psychological injury requiring medical treatment as a result of the implantation of the Strattice Mesh product? ☐Yes ☐No

If Yes:

a. Describe in detail the psychiatric or psychological injuries that you claim you experienced and the applicable dates: _____

b. Have you seen a doctor or healthcare provider for any of the psychiatric or psychological injuries listed above? ☐Yes ☐No

c. If Yes, please list all doctors (not previously identified in this document) that you are currently seeing for treatment of the psychiatric or psychological injuries listed above:

Provider Name, Address, and Specialty	Condition Treated	Approximate Date(s) of Treatment

VII. ADDITIONAL HERNIA MESH PRODUCTS

1. Other than the Strattice Mesh product(s) that is the subject of your lawsuit, have you been implanted with any other hernia mesh products? ☐Yes ☐No

If Yes, please provide the following information:

a. Product Name(s):_____

b. Dates of implantation procedure(s) and name and address of implanting doctor(s): _____

c. Condition(s) sought to be treated through placement of the device(s):_____

d. To the best of your knowledge, did you experience any complications during the recovery period following the procedure(s)? ☐Yes ☐No

If Yes, describe in detail any complications or difficulties you experienced during your recovery following the procedure(s):

_____

e. Do any of these product(s) remain implanted inside of you today? ☐Yes ☐No

If no, identify when revised/removed and reason for the revision/removal:

_____

f. Has any doctor or health care provider advised you not to have the additional hernia mesh product removed or revised? ☐Yes ☐No

If Yes:

i. Identify by name and address the doctor or healthcare professional who recommended not having the product removed/revised: _____

g. State why the doctor recommended that the product should not be removed/revised:

_____

VIII. EDUCATION INFORMATION

1. Identify your educational background, starting with high school and including any technical or post-secondary education, in reverse chronological order (most recent education listed first):

Name of School	Address	Dates of Attendance	Degree, Diploma, or Certificate Awarded	Major or Primary Field

IX. EMPLOYMENT INFORMATION

1. Please provide the following information for your employment history from the Effective Date to the present in reverse chronological order (most recent employment listed first):

Employer Name	Address	Job Title/ Description of Duties	Dates of Employment	Annual Salary Before Taxes

X. ALLEGED DAMAGES

1. Are you claiming damages for lost wages? ☐Yes ☐No

   If Yes:

   a. Identify the time period you contend that you lost wages as a result of the injuries from the Strattice Mesh product: _____

   b. What is the estimated total current amount of wages you are claiming you have lost as a result of your claims in this case as of the date this form is executed? _____

2. Are you or your spouse claiming lost out-of-pocket expenses? ☐Yes ☐No

   If Yes:

a. As of the date this form is executed, what is the total amount of out-of-pocket expenses that you are claiming you and/or your spouse have lost as a result of your claims in this case? _____

b. As of the date this form is executed, identify and itemize each individual out-of-pocket expense you are seeking to recover in this case which you contend resulted from the Strattice Mesh product: _____

XI. MEDICAL BACKGROUND

1. Current Height: _____ Current Weight: _____

2. Weight at the time you received the Strattice Mesh product(s) _____

3. Smoking Status (check applicable):

- Current Smoker ☐
- Past Smoker ☐
- Non-Smoker ☐

If you checked current or past smoker, indicate the smoking products you have smoked (check applicable):

- Cigarettes ☐
- Cigars ☐
- Pipe Tobacco ☐
- Electronic Cigarettes ☐
- Other ☐

If Other, please specify: _____

If you checked current smoker, how much do you smoke per day? _____

If you checked current smoker, how many years have you smoked? If you checked past smoker, approximately when did you quit? _____

If you checked past smoker, how much did you smoke per day before you quit? _____

If you checked past smoker, how many years did you smoke before you quit? _____

4. From the Effective Date to present, to the best of your knowledge, have you ever had:

Diabetes: ☐Yes ☐No

If Yes, what type and when diagnosed?

_____

Adhesions or Adhesive Disease: ☐Yes ☐No

If Yes, describe (including date diagnosed and treatment received):

_____

Connective Tissue Disorders (such as Ehlers-Danlos and Marfan's Syndrome)

☐Yes ☐No

If Yes, describe (including date diagnosed and treatment received):

_____

Irritable Bowel Syndrome: ☐Yes ☐No

If Yes, when diagnosed? _____

Lupus: ☐Yes ☐No

If Yes, when diagnosed? _____

Auto Immune Disorder: ☐Yes ☐No

If Yes, identify (including date diagnosed and treatment received) _____

Anemia or other blood disorder: ☐Yes ☐No

If Yes, identify (including date diagnosed) _____

Respiratory disease, including Asthma, Emphysema, and/or COPD: ☐Yes ☐No

If Yes, identify (including date diagnosed): _____

Any disease of the gut, abdomen, intestines, or bowels: ☐Yes ☐No

If Yes, identify (including date diagnosed and treatment received): _____

Any abdominal surgery(ies): ☐Yes ☐No

If Yes, identify (including date of procedure): _____

Prescribed medication to treat constipation: ☐Yes ☐No

If Yes, identify the medication, who prescribed, and when prescribed:

_____

Conditions requiring use of Steroids, Immune Suppression or Chemotherapy: ☐Yes ☐No

If Yes, identify the treatment received, provider(s) seen, and date(s) of treatment:

_____

Collagen Disorders: ☐Yes ☐No

If Yes, identify the disorder, treatment received, provider(s) seen, and date(s) of treatment:

_____

Fibromyalgia or other chronic pain condition: ☐Yes ☐No

If Yes, identify, describe the treatment received, provider(s) seen, and date(s) of treatment:

_____

Fistula(s): ☐Yes ☐No

If Yes, identify the location, treatment received, provider(s) seen, and date(s) of treatment:

_____

Bowel Obstruction: ☐Yes ☐No

If Yes, identify the treatment received, provider(s) seen, and date(s) of treatment:

_____

Bowel Perforation: ☐Yes ☐No

If Yes, identify the treatment received, provider(s) seen, and date(s) of treatment:

_____

Mesh Erosion / Extrusion: ☐Yes ☐No

If Yes, identify the type of mesh (manufacturer and product line) that eroded and/or extruded, treatment received, provider(s) seen, and date(s) of treatment:

_____

Mesh Infection: ☐Yes ☐No

If Yes, identify the type of mesh (manufacturer and product line) that became infected, identify the treatment received, provider(s) seen, and date(s) of treatment:

_____

Mesh Contraction: ☐Yes ☐No

If Yes, identify the identify the type of mesh (manufacturer and product line) that contracted, treatment received, provider(s) seen, and date(s) of treatment:

_____

Chronic Seroma: ☐Yes ☐No

If Yes, identify the treatment received, provider(s) seen, and date(s) of treatment:

_____

Ascites: ☐Yes ☐No

If Yes, identify the treatment received, provider(s) seen, and date(s) of treatment:

_____

Sought treatment for enlarged prostate or straining to urinate: ☐Yes ☐No

If Yes, identify the treatment received, provider(s) seen, and date(s) of treatment:

_____

Cystic Fibrosis: ☐Yes ☐No

If Yes, identify the treatment received, provider(s) seen, and date(s) of treatment:

_____

5. Other than the hernia(s) the Strattice Mesh or other hernia mesh product(s) identified in Section VII above was/were intended to treat, from the Effective Date to present have you ever had any other hernia(s)?
☐Yes ☐No

If Yes:

a. Describe when each hernia was diagnosed:

_____

b. Describe the location of each hernia:

_____

c. Describe the type of hernia (if known):

_____

d. Describe whether the hernia was repaired surgically (including the date of any such repair, the surgeon who performed the repair, and the facility where the repair was performed):

_____

e. To the best of your knowledge, did you experience any complication(s) during the recovery period following the procedure(s)? ☐Yes ☐No

If yes, describe in detail any complications or difficulties you experienced during your recovery following the procedure(s): _____

6. In chronological order and to the extent not previously identified in this document, list any and all pelvic or abdominal surgeries and/or hospitalizations relating to the pelvic or abdominal region you have had in the ten-year period BEFORE implantation of the Strattice Mesh product(s); identifying by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved; and providing the approximate date(s) for each.

Doctor or Healthcare Provider Involved (including address)	Description of Surgery and/or Hospitalization	Approximate. Date(s)

7. In chronological order and to the extent not previously identified in this document, list any and all pelvic or abdominal surgeries, procedures, or hospitalizations you had AFTER the implantation of the Strattice Mesh product(s); identifying by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and provide the approximate date(s) for each.

Doctor or Healthcare Provider Involved (including address)	Description of Surgery and/or Hospitalization	Approximate. Date(s)

8. Describe how, if at all, you contend your physical activities associated with daily living, physical fitness (including any weightlifting), household tasks, and employment-related activities have changed as a result of the implantation of the Strattice Mesh product.

_____

9. For female plaintiffs, have you previously given birth? ☐Yes ☐No

   If Yes:

   a. How many births and dates of each birth? _____

   b. If any of the births were by cesarean section, please state the number of cesarean section births: _____

10. List each prescription medication you have taken **for more than 45 consecutive days**, within five years prior to the Strattice Mesh implant to the present, giving the name and address of

the pharmacy where you received/filled the medication, the reason you took the medication, and the approximate date(s) of use:

Prescription Medication	Name of Pharmacy and Address

XII. LIST OF MEDICAL PROVIDERS

1. To the extent not already provided above, list all treating physicians or other medical providers you have seen for the period of 5 years prior to the first Strattice Mesh implant to the present, including, but not limited to, all primary care physicians, internists, general surgeons, psychiatrists, urologists, endocrinologists, rheumatologists, or any other specialists. You do not have to list mental healthcare providers if you are not claiming psychological injuries as part of this lawsuit.

Provider Name, Address and Specialty	Condition Treated	Approximate Date(s) of Treatment

2. To the extent not provided with your Plaintiff Profile Form or not otherwise agreed by the Parties, attached is a signed copy of a records authorization form for each provider identified within this Plaintiff Fact Sheet.

XIII. INSURANCE INFORMATION

1. Provide the following information for any medical insurance coverage since the Effective Date:

Insurance Company (Name and Address)	Policy Number	Name of Policy Holder/Insured (if different than you)	Approx. Dates of Coverage

2. To the best of your knowledge, have you been approved to receive or are you receiving Medicare benefits due to age, disability, condition or any other reason or basis?
☐Yes ☐No

   a. If Yes, please specify the date on which you first became eligible: _____

[*Please note: if you are not currently a Medicare-eligible beneficiary, but become eligible for Medicare during the pendency of this lawsuit, you must supplement your response at that time. This information is necessary for all parties to comply with Medicare regulations. See 42 U.S. C. 1395y(b)(8), also known as Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 and 42 U.S. C. 1395y(b)(2) also known as the Medicare Secondary Payer Act*]

XIV. PRIOR CLAIM INFORMATION

1. Other than the present lawsuit and any lawsuit already identified above concerning any other mesh product, have you filed a lawsuit within the last 10 years relating to any bodily injury?
☐Yes ☐No

   If Yes, please specify the following:

   a. Court in which suit/claim filed or made: _____

   b. Case/Claim Number: _____

   c. Nature of claim and specific injuries alleged:_____

2. Have you applied for workers' compensation (WC), Social Security disability (SSI or SSD) benefits, or other state or federal disability benefits within the last 10 years? ☐Yes ☐No

   If Yes, please specify the following: _____

   a. Date (or year) of application: _____

   b. Type of benefits sought: (check applicable): _____

   - Workers' Compensation ☐
   - Social Security Disability ☐
   - Other ☐

   If Other, please specify the type of benefits sought: _____

   c. Agency/Insurer from which you sought the benefits: _____

   d. The nature of the claim and specific injuries/disability alleged: _____

e. Whether the claim was accepted or denied: _____

f. Whether you are currently receiving any benefits as a result of the claim: _____

g. Identify the name and address of the entity most likely to have records concerning your claim: _____

h. If applicable, the name and address of your employer against whom the claim was filed:

_____

XV. FACT WITNESSES

1. Identify all persons whom you believe may possess information concerning your injury(ies) and current medical conditions, other than your healthcare providers, and please state their name and his/her/their relationship to you:

Name	Relationship to You	Information you Believe Person Possesses

XVI. IDENTIFICATION OF DOCUMENTS AND OTHER ELECTRONICALLY STORED INFORMATION

1. For the period beginning three years prior to implantation of the Strattice Mesh product(s) to present, please identify all research, including on-line research, you conducted regarding the subjects of this litigation, including the implantation of the Strattice Mesh product(s), the injuries and/or damages you claim resulted from the implantation of the Strattice Mesh product(s), or your medical or physical condition. Identify date, time, and source, including any websites visited. Research conducted to understand the legal and strategic advice of your counsel is not considered responsive to this request.

_____

2. For the period beginning three years prior to implantation of the Strattice Mesh product(s) to present, please identify all emails or communications via portal (such as MyChart, etc,) you (or someone other than your lawyers) have had with a physician regarding any of your hernia mesh products or any of the injuries allegedly attributed to your Strattice Hernia Mesh product.

_____

XVII. DOCUMENT REQUESTS

1. State whether you have any of the following documents in your possession, custody, and/or control. If you do, please separately upload a true and correct copy of any such documents with this completed Fact Sheet.

   a. If you were appointed by a court to represent the plaintiff in this lawsuit, produce any documents demonstrating your appointment as such.

   ☐ Not Applicable

   ☐ The documents are attached

   ☐ I have no documents

   b. If you represent the estate of a deceased person in this lawsuit, produce a copy of the decedent's death certificate and autopsy report (if applicable), and copies of letters testamentary or letters of administration relating to your status as plaintiff (if applicable).

   ☐ Not Applicable

   ☐ The documents are attached

   ☐ I have no documents

   c. Produce any Strattice Mesh and/or the additional hernia mesh product packaging, labeling, advertising, or any other Strattice Mesh and/or the additional hernia mesh product product-related items in your possession, custody, or control.

   ☐ Not Applicable

   ☐ The documents are attached

   ☐ I have no documents

   d. Produce all documents concerning any communication between you and the Food and Drug Administration (FDA) or between you and any employee or agent of any Defendant regarding the Strattice Mesh and/or the additional hernia mesh product(s) at issue, except as to those communications which are attorney client/work product privileged.

   ☐ Not Applicable

   ☐ The documents are attached

   ☐ I have no documents

   e. Produce any and all documents in your possession, custody or control reflecting, describing, or in any way relating to any instructions or warnings you received prior to implantation of the Strattice Mesh and/or the additional hernia mesh product(s) concerning

the risks and/or benefits associated with the Strattice Mesh and/or the additional hernia mesh product(s) you received.

☐ Not Applicable

☐ The documents are attached

☐ I have no documents

f. If you underwent surgery to explant in whole or in part the Strattice Mesh and/or the additional hernia mesh product(s) that you received: produce any and all documents in your possession, custody, or control aside from documents that may have been generated by experts retained by your counsel for litigation purposes, relating to any evaluation of the Strattice Mesh and/or the additional hernia mesh product(s) and any other material that was (were) surgically removed from you.

☐ Not Applicable

☐ The documents are attached

☐ I have no documents

g. If you claim lost wages or lost earning capacity, copies of your federal and state tax returns for the two years prior to implantation of the Strattice Mesh and/or the additional hernia mesh product(s) to the present.

☐ Not Applicable

☐ The documents are attached

☐ I have no documents in my possession

h. If you claim lost wages or lost earning capacity, copies of all documents supporting that claim.

☐ Not Applicable

☐ The documents are attached

☐ I have no documents in my possession

i. If you are seeking compensation for out-of-pocket expenses, copies of all documents supporting that claim.

☐ Not Applicable

☐ The documents are attached

☐ I have no documents in my possession

j. Any photographs, digital images, video, or other media in your possession, custody, or control which show the hernia that was repaired with the Strattice Mesh and/or the additional hernia mesh product(s) and/or any physical condition or alleged injury you contend was caused by the Strattice Mesh and/or the additional hernia mesh product(s).

☐ Not Applicable

☐ The documents are attached

☐ I have no documents

k. All documents in your possession, custody or control concerning payment by Medicare on the injured party's behalf relating to the injuries claimed in this lawsuit, including but not limited to Interim Conditional Payment summaries and/or estimates prepared by Medicare or its representatives regarding payments made on your behalf for medical expenses relating to the subject of this litigation.

☐ Not Applicable

☐ The documents are attached

☐ I have no documents in my possession

[Please note: if you are not currently a Medicare-eligible beneficiary, but become eligible for Medicare during the pendency of this lawsuit, you must supplement your response at that time. This information is necessary for all parties to comply with Medicare regulations. See 42 U.S.C. 1395y(b)(8), also known as Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 and 42 U.S. C. 1395y(b)(2) also known as the Medicare Secondary Payer Act]

CERTIFICATION

The foregoing answers were prepared with the assistance of my counsel. I declare that I have reviewed all of the information provided in this Plaintiff Fact Sheet and believe it to be true and correct to the best of my knowledge.

_____

Signature

_____

Dated

IN RE STRATTICE HERNIA MESH LITIGATION	SUPERIOR COURT OF NEW JERSEY LAW DIVISION – ATLANTIC COUNTY MCL CASE NO: 636 MASTER DOCKET NUMBER: ATL-L-3857-21 **DEFENDANT FACT SHEET**

Defendants LifeCell Corporation, Allergan Inc., and Allergan USA (collectively "Defendants") hereby submit the following Defendants' Fact Sheet ("DFS") responses for the above referenced case.

INSTRUCTIONS

Please provide the following information for Plaintiff (or Plaintiff's decedent) (hereinafter "Plaintiff") who was implanted with a Strattice mesh device that is the subject of Plaintiff's complaint in the above-referenced action.

In completing this Defendant Fact Sheet ("DFS"), you are under oath and must provide information that is true and correct to the best of your knowledge, recollection, information and belief. Answer every question and do not leave any blanks. You are obligated to amend or supplement your responses if you learn that they are incomplete or incorrect in any material respect.

"Relevant Healthcare Provider(s)" as used herein means the physicians identified in the Plaintiff Fact Sheet ("PFS") who implanted or partially/fully explanted Plaintiff's Strattice mesh. In addition, documents produced shall be produced pursuant to the ESI Protocol and shall be identifiable by applicable Plaintiff.

If you are aware that any document that was, or might have been, responsive to any sections of this DFS which concern or relate to Plaintiff was destroyed, erased, surrendered or otherwise removed from your possession, custody or control, at any time, provide, to the maximum extent possible, the following information: (a) the nature of the document (e.g., letter, memorandum, contract, etc.,) and a description of its subject matter; (b) the author or sender of the document; (c) the recipient(s) of the document; (d) the date that the document was authored, sent and received; (e) the circumstances surrounding the removal of the document from your custody, possession or control; and (f) the identity of the person(s) having knowledge of such removal from your custody, possession or control.

I. CASE INFORMATION

1. Caption: _____

2. Docket No.: _____

3. Individual completing DFS:_____

II. COMMUNICATIONS WITH PLAINTIFF'S HEALTHCARE PROVIDERS

1. Provide the following information for EACH sales representative or other individual who was assigned to the territory that encompassed Plaintiff's Relevant Healthcare Provider, or otherwise called on Plaintiff's Relevant Healthcare Provider more than once, regarding the Strattice mesh products starting three years before the Plaintiff's first Strattice implant to the present:

Name	Title	Dates of Employment	Provider Contacted	Summary of Contacts[1]	Dates of Contacts

2. For each sales representative, identify the names of the Supervising/District Sales Manager and Regional Sales Manager. If the Representative's Supervising/District Sales Manager or Regional Sales Manager is no longer an employee, Defendants will provide the dates of employment for the employee and, to the extent known by Defendants, will also provide the last known address, telephone number, and email address for the former employee.

3. For each sales representative, identify the relevant date and describe any bonuses or awards received as a result of their sale of Strattice mesh products.

4. For each sales representative, please identify whether he or she used any social media to promote Strattice mesh or communicate with Plaintiff's Relevant Healthcare Provider and, if so, provide the following information for those platforms.

Social Media Platform	**Username or Handle**

5. For any individual identified in Section II(1) who is not currently employed by one of the Defendants, please provide:

   a. Current (or last known) employer:

[1] To the extent Defendants are unable to identify the specific number of contacts, Defendants shall specifically refer to the relevant bates numbers of documents referencing contacts (and not just a range of documents that contain contacts therein – such as a custodial file generally), and shall further provide additional information regarding the nature, extent, and frequency of such contact as known to the sales representative or Defendants.

b. Current (or last known) contact information (address, phone, email):

6. For each sales representative or individual identified in Section II(1) above, identify and produce the following:

a. Complete call notes for each contact with each Relevant Healthcare Provider that relates to any of the Strattice hernia mesh products specifically and/or any unbranded disease state awareness program and related topics such as hernias and/or hernia repair procedures and/or mesh revision or removal procedures. Call notes must be produced in a format that the sales representative or other individuals is familiar with and will recognize at their deposition;

b. Any and all emails or other written correspondence each sales representative had with the Relevant Healthcare Provider that relates to any of the Strattice hernia mesh products specifically and/or any unbranded and related topics such as hernias and/or hernia repair procedures and/or mesh revision or removal procedures;

c. Information that was communicated, including any documents (by bates number) that were shown or provided to the Plaintiff's Relevant Healthcare Providers and Implanting Medical Facility(ies) regarding the Plaintiff and/or any of the Strattice hernia mesh products specifically and/or any unbranded disease state awareness program and related topics such as hernias and/or hernia repair procedures and/or mesh revision or removal procedures. This request includes but is not limited to correspondence, instructions, warnings, brochures, pamphlets, patient information, sales, marketing or promotional information or material, attendance at any proctoring or preceptoring session, cadaver lab, wet lab or any other training or informational session.

d. Identify by date, title, and location, any initial or ongoing training programs, meetings, workshops, or talk tracks regarding the Strattice mesh products that each sales representative identified in Section II above attended or participated in and produce any and all related documents, including but not limited to PowerPoints, handouts, exemplars, Q&As, talk tracks, and any other document or information provided.

e. For each of Plaintiffs' Relevant Healthcare Providers, state whether the provider attended any educational or promotional event, conference, lecture, luncheon, dinner or other meeting sponsored or co-sponsored by Defendants regarding the Strattice hernia mesh products?

_____Yes _____ No

If yes, state the following as to each such healthcare provider:

i. The identity of the healthcare provider attendee;

ii. The title, location, and date of the program attended;

iii. The topic(s) of the program attended;

iv. All speakers at the program; and

Provide or identify by Bates number (if already produced) all presentations, agendas, brochures, and other written materials for the program.

f. Were any of Plaintiffs' Relevant Healthcare Providers involved in any clinical trial sponsored by Defendants related to the Strattice hernia mesh products?

_____Yes _____ No

If yes, produce the final Investigator Protocol related to any such trial(s).

g. Did any of Plaintiffs' Relevant Healthcare Providers ever report any adverse events to Defendants regarding Plaintiff?

_____Yes _____ No

If yes, produce all documents related to any adverse event, including but not limited to all internal medical analyses, correspondence, original documentation, the adverse event file, any and the MedWatch form.

h. To the extent not included above, identify and produce any "Dear Doctor", "Dear Healthcare Provider," "Dear Colleague," "Safety Notice," or similar letter or correspondence that was sent to the Plaintiff's Relevant Healthcare Provider(s) concerning Plaintiff's Strattice hernia mesh product(s). For each such letter or document identified, identify the name of the individual who sent the letter or document, the date the letter or document was sent, the name of the recipient of the letter or document, and produce each such letter or document.

7. Produce any and all communications, whether electronic, paper, or otherwise, between any employee or agent of the Defendants and Plaintiffs' Relevant Healthcare Providers regarding hernia repair and/or Strattice mesh products.

III. AGREEMENTS WITH PLAINTIFF'S HEALTHCARE PROVIDERS

1. For any agreements between Defendants and every Relevant Healthcare Provider, please provide the information below:

Name of Relevant Healthcare Provider	Dates of contract(s) or agreement(s)	Nature of agreement ("opinion leader," "investigator," etc.)

2. Produce documents and information sufficient to identify all consulting agreements, if any, between Defendants and every Relevant Healthcare Provider, including, but not limited to, agreements to provide advice on the design, study, testing or use of the Strattice Mesh device, or agreements to consult as a thought leader, opinion leader, member of a speaker's bureau or similar arrangement.

3. Produce documents and information sufficient to identify all monetary payments provided by Defendants to every Relevant Healthcare Provider, including amounts, dates, and purpose.

4. Indicate whether any of the Defendants ever entered into an agreement for any of Plaintiffs' Relevant Providers to speak out about, present on, or lead any training or discussion on the merits of the Strattice hernia mesh products.

   If yes, identify:

   a. The names of the programs:_____
   b. The dates of the programs: _____
   c. The locations of the programs: _____
   d. The amount paid to the Relevant Provider: _____
   e. And produce any materials (or identify by bates number to the extent already produced) used during the presentation or distributed thereafter.

IV. SALES DATA

1. Produce all healthcare provider-level data that reflects every Strattice hernia mesh product that was implanted by Plaintiff's implanting surgeon(s).

2. Produce any and all documents which includes Plaintiff's Relevant Healthcare Providers and ranks implanting surgeons by volume of Strattice hernia mesh product implanted for a given time period and/or territory/region.

3. Set forth the total number of Strattice Mesh products, by product, sold to the medical facility where Plaintiffs' Strattice mesh device was implanted as identified in Section IV(1)(f) of the PFS and the total amount of gross sales for the Strattice Mesh generated by sales to that facility, listed by year.

4. Produce all purchasing contracts that apply to the sale of Strattice Mesh with the medical facility where Plaintiffs' Strattice hernia mesh(es) was/were implanted.

V. OTHER PLAINTIFF INFORMATION

1. Provide the name of any sales representative or other employee of Defendants who was present for any of Plaintiffs' hernia mesh surgeries, including but not limited to the implant, revision, or explant of any Strattice hernia mesh product.

2. Produce every Medical Device Complaint File, Adverse Event, MAUDE Report, or any similar file or document referencing Plaintiff with regard to Plaintiff's Strattice Mesh.

3. Based on the lot number information found in the PFS, identify the location and date of manufacture for each Strattice Mesh.

CERTIFICATION

The foregoing answers were prepared with the assistance of a number of individuals, including counsel, upon whose advice and information I relied. No one person has first-hand knowledge of all of the information contained herein. I declare under penalty of perjury that the information provided in this Defendant Fact Sheet reflects Defendants' collective knowledge to the best of my knowledge and belief.

_____

(Signature of representative for Defendants)

_____

Name (Printed)

_____

Dated