IN RE STRYKER LFIT CoCr V40 FEMORAL HEADS HIP IMPLANT LITIGATION

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: BERGEN COUNTY

CASE NO. 624
MASTER DOCKET NO. _____

CASE QUESTIONNAIRE

Instructions: Please provide thorough and complete responses to the questionnaire. When providing names and addresses, provide the full name and full address, including street number, street name, city, state and zip code. **It is critical that all requested documents are attached**. The completed Case Questionnaire shall be served on both Liaison/lead Counsel for the Defendant and Plaintiffs.

GENERAL CASE INFORMATION SECTION I	
Plaintiff's Attorney & Contact Information:	
Plaintiff's Name(s):	
Plaintiff's Address:	
Plaintiff's Date of Birth:	

IMPLANT SURGERY INFORMATION SECTION II	
Identify Side of Body Where Product at Issue Implanted:	Right ☐ Left ☐ Both ☐ (check one) (Fill out the information below for each implant surgery. Add additional sheets as needed.)
Right Side Implantation Surgery	
Identify All Products Implanted:	
Serial Code/Catalog No./Lot No. of Implanted Products:	
Date of Implant:	
Name and Address of Implanting Surgeon:	
Name and Address of Hospital or Clinic Where Implant Surgery Performed:	
Left Side Implantation Surgery	
Identify All Products Implanted:	

Serial Code/Catalog No./Lot No. of Implanted Products:	
Date of Implant:	
Name and Address of Implanting Surgeon:	
Name and Address of Hospital or Clinic Where Implant Surgery Performed:	

REVISION SURGERY INFORMATION	
SECTION III	
Have You Had a Revision Surgery?:	Yes ☐ No ☐ (If Yes, fill out information below)
Side of Body:	Right ☐ Left ☐ Both ☐ (check one) (Fill out the information below for each revision surgery. Add additional sheets as needed.)
Right Side Revision Surgery	
Date of Revision:	
Identify the pre-op and post-op diagnoses:	
Name and Address of Revision Surgeon:	
Name and Address of Hospital or Clinic Where Revision Performed:	
Manufacturers and Sizes of Replacement Device(s):	
Are You in Possession of the Explant(s) or Do You Know of the Present Location?	Yes ☐ No ☐
Location of Explant(s):	
Left Side Revision Surgery	
Date of Revision:	
Identify the pre-op and post-op diagnoses:	
Name and Address of Revision Surgeon:	
Name and Address of Hospital or Clinic Where Revision Performed:	
Manufacturers and Sizes of Replacement Device(s):	

Are You in Possession of the Explant(s) or Do You Know of the Present Location?	Yes ☐ No ☐
Location of Explant(s):	

ADDITIONAL MEDICAL INFORMATION

SECTION IV

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

DOCUMENTS TO BE ATTACHED

SECTION V

1. Attach records establishing the product identification and pages with manufacturer/product stickers for every product implanted;
2. Attach the implant operative report(s);
3. Attach the revision operative report(s);
4. Attach reports of imaging studies; and
5. Attach pathology and metal ion level reports.