DOCKETED
COMPLEX LIT CENTER
NOV 2 2010
J. STEWART

IN THE COURT OF COMMON PLEAS
PHILADELPHIA COUNTY

IN RE: RISPERDAL LITIGATION	:	**MARCH TERM, 2010**
	:	**NO. 00296**
This Document Relates to All Cases	:	

CASE MANAGEMENT ORDER NO. 3
GOVERNING ALL RISPERDAL® CASES

I. SCOPE OF THIS ORDER

This Case Management Order shall govern all cases that are presently pending or hereafter filed in the Philadelphia Court of Common Pleas that become part of the program of coordinated pretrial proceedings relating to the prescription drug Risperdal® ("Risperdal") (the "Risperdal Litigation"). Specifically, this Order attaches the agreed upon Short Form Complaint and addresses discovery issues concerning the Plaintiff's Fact Sheet, Defendant's Fact Sheet and depositions.

II. PLAINTIFF'S SHORT FORM COMPLAINT

As discussed more fully in Section III of Case Management Order No. 1, the agreed upon form of the Short Form Complaint is attached hereto as Exhibit "A."

III. FACT SHEETS

A. PLAINTIFF'S FACT SHEET

1. In every case currently part of the Risperdal Litigation and in all other cases that become part of the Risperdal Litigation by virtue of being filed in or transferred to this Court, each plaintiff shall complete and submit a Plaintiff Fact Sheet ("PFS") and submit the PFS to Defendants' Liaison Counsel and defendants' counsel in

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the individual plaintiff's case, as set forth in Section III(A)(2) below. A copy of the agreed upon form of the PFS is attached hereto as Exhibit "B."

2. Within fifteen (15) days of plaintiff filing a *Short Form Complaint* in all cases filed on or before September 2, 2010, or within thirty (30) days of filing a *Short Form Complaint* in all cases filed after September 2, 2010, each plaintiff shall serve on defendants:

a. A Completed PFS. A "Completed PFS" is a signed PFS accompanied by executed authorizations, as set forth in Section III(A)(2)(b) below, and a signed Declaration in the form attached to the PFS. Each plaintiff is required to answer each question in the PFS and leave no blanks, even if a plaintiff can only answer the question in good faith by indicating "not applicable" or "I don't know."

A Completed PFS shall be treated the same as interrogatory answers and responses to requests for production under the Pennsylvania Rules of Civil Procedure, and will be governed by the standards applicable to written discovery under the Pennsylvania Rules of Civil Procedure. The interrogatories and requests for production in the PFS are non-objectionable, except for protections provided by the attorney-client privilege and the work product doctrine, and shall be answered by each plaintiff without objection. If a plaintiff asserts that information and/or documents are protected by the attorney-client privilege and/or the work product doctrine, the plaintiff will produce a log describing the withheld information and/or documents. Each plaintiff shall

comply with his/her obligation to supplement any document production(s) by making regular additional productions within reasonable timeframes.

Service of the PFS shall be via email, addressed to Defendants' Liaison Counsel at Drinker Biddle & Reath LLP (kenneth.murphy@dbr.com and melissa.graff@dbr.com) and Gibbons P.C. (simbriglia@gibbonslaw.com), as well as to defendants' counsel named in each individual plaintiff's case.

b. Authorizations for the release of records. Authorizations for the release of medical and other records, and psychotherapy notes in the forms attached hereto as Exhibits "C" and "D" have been agreed to by the parties. Each plaintiff shall serve on defendants ten (10) blank authorizations with original signatures so that defense counsel may obtain medical records from plaintiff's health care provider(s). Additionally, each plaintiff shall serve on defendants signed authorizations for the release of academic records, employment records and prior litigation records, the forms of which are attached hereto as Exhibits "E," "F" and "G," respectively.

c. Records in Plaintiff's or Plaintiff's counsel's possession. Plaintiff or plaintiff's counsel shall provide copies of all documents subject to the Requests for Production at Section XIV of the PFS.

3. If any plaintiff who has served a PFS pursuant to this Order thereafter obtains information that renders the PFS incomplete or inaccurate, that plaintiff shall serve on defendants amendments to the PFS. All amendments to the PFS shall be accompanied by a signed and dated Declaration in the form attached to the PFS (Ex. B).

4. In the event a plaintiff fails to serve a PFS within the time limit prescribed by Section III (A)(2) above, defendants may file, in accordance with this Order and the Revised Mass Tort Motion Procedures (rev. as of October 2008 and available on the website of the Complex Litigation Center) ("Revised Mass Tort Motion Procedures"), a motion to dismiss. Plaintiff shall have twenty (20) days from the filing of the motion to dismiss to answer.

5. In the event a plaintiff's Completed PFS fails to provide all requested information and documents, 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 thirty (30) days, a motion for appropriate relief may be filed. This letter shall include sufficient detail for defendants' counsel and plaintiff's individual counsel to meet and confer regarding any alleged deficiencies. All of plaintiff's supplemental answers correcting the deficiencies shall be accompanied by a signed and dated Declaration in the form attached to the PFS (Ex. B).

Should a plaintiff fail to cure any deficiencies identified within thirty (30) days of service of the deficiency letter, defendants may file, in accordance with this Order and the Revised Mass Tort Motion Procedures, a motion to dismiss without prejudice. Plaintiff shall have twenty (20) days from the filing of the motion to dismiss to file his or her opposition.

6. Defendants may subsequently file a motion to convert any dismissal without prejudice to a dismissal with prejudice on twenty (20) days notice to plaintiff's counsel. Plaintiff shall have twenty (20) days from the filing of the motion to dismiss to file his or her opposition. Absent good cause shown, and pursuant to the Court's

authority to order appropriate sanctions under Pa. R. Civ. P. 4019, the Court shall dismiss plaintiff's case with prejudice for failure to provide a PFS in the manner set forth above.

7. In the event that an institution or medical provider to whom any authorization is presented refuses to provide records in response to that authorization, defendants shall notify plaintiffs' counsel, and the individual plaintiff shall execute and return within twenty (20) days whatever form is required by that institution or provider, such as a form with an original signature, a notarized form, or the institution's own form in order to secure the release of the relevant records.

B. DEFENDANT FACT SHEET

1. Defendants[1] shall complete and submit a Defendant Fact Sheet ("DFS") and submit the DFS to Plaintiffs' Liaison Counsel and plaintiffs' counsel in the individual plaintiff's case, as set forth in Section III(B)(2) below. A copy of the agreed upon form of the DFS is attached hereto as Exhibit "H."

2. Within the timeframe set forth in Section III(B)(3) below, defendants shall serve on plaintiffs:

a. A Completed DFS. In each case, defendants shall provide a "Completed DFS," which shall include an executed Verification in the form attached to the DFS (Ex. H). Defendants are required to answer each question in the DFS and leave no blanks, even if defendants can only answer the question in good faith by indicating "not applicable" or "unknown."

[1] This section shall not apply to Defendants Excerpta Medica, Inc. or Elsevier Inc.

A Completed DFS shall be treated the same as interrogatory answers and responses to requests for production under the Pennsylvania Rules of Civil Procedure, and will be governed by the standards applicable to written discovery under the Pennsylvania Rules of Civil Procedure. The interrogatories and requests for production in the DFS are non-objectionable and shall be answered by defendants without objection. Defendants shall comply with their obligation to supplement their document production by making regular additional productions within reasonable timeframes.

Service of the DFS shall be via email, addressed to Plaintiffs' Liaison Counsel at Sheller, P.C. (jlsheller@sheller.com and bjmccormick@sheller.com), as well as to plaintiff's counsel named in each individual plaintiff's case.

b. Documents in Defendants' or Defendants' counsel's possession. Defendants or defendants' counsel shall provide copies of all documents specifically requested in the DFS.

3. The timing of the service of the DFS shall be as follows:

a. If plaintiff has identified four (4) or fewer Prescribing Healthcare Providers and/or Treating Healthcare Providers in Sections III and VII and of the Completed PFS, defendants will serve a Completed DFS within ninety (90) days of receipt of the Completed PFS.

b. If plaintiff has identified five (5) or more Prescribing Healthcare Providers and/or Treating Healthcare Providers in Sections III and VII of the Completed PFS, defendants will serve a Completed DFS within one hundred twenty (120) days of receipt of the Completed PFS.

c. If plaintiff fails to provide a Completed PFS pursuant to this Order, defendants will not serve a DFS.

4. If defendants thereafter obtain information that renders the DFS incomplete or inaccurate, defendants shall serve on plaintiffs amendments to the DFS. All amendments to the DFS shall be accompanied by a signed and dated Verification in the form attached to the DFS (Ex. H).

5. In the event defendants fail to serve a Completed DFS or serves a DFS that is otherwise incomplete, plaintiffs shall notify defendants' counsel in writing of such failure with a specification of the alleged deficiencies, and advise that if the deficiencies are not cured within thirty (30) days, a motion for appropriate relief may be filed in accordance with the Revised Mass Tort Motion Procedures.

IV. DEPOSITIONS

1. This Order applies to all depositions in the Risperdal Litigation, which will be noticed and conducted pursuant to Pa. R. Civ. P. 4007.1, et seq. and this Order.

2. Except upon agreement of counsel, depositions of each plaintiff will take place in Philadelphia County at a location chosen by plaintiff's counsel.

3. Except upon agreement of counsel, depositions of an expert, treating physician and/or prescribing physicians shall take place in the home district of the witness.

4. Except upon agreement of counsel, depositions of current and former employees of the Janssen Defendants will take place at the offices of Drinker Biddle & Reath LLP in Philadelphia, Pennsylvania. Depositions of defendants' current and former employees shall be scheduled, to the extent feasible, so as to achieve cooperation with

other Risperdal litigations in other states, to avoid multiple depositions of the same witness, and to avoid multiple depositions at the same time.

5. Absent special circumstances, depositions of the Excerpta Medica Defendants (as that term is defined in the Plaintiffs' First Amended Master Complaint) who work in the United States will be conducted at the offices of Gibbons P.C. in Philadelphia, Pennsylvania. Counsel for the plaintiffs and the Excerpta Medica Defendants will cooperate in good faith to determine the locations of depositions of any current employees of the Excerpta Medica Defendants who work outside of the United States.

6. If a plaintiff and/or defendant cross-notices a deposition in any other case involving Risperdal, it shall provide the notice to liaison counsel via e-mail as soon as possible. If a plaintiff and/or defendant objects to that cross-notice, counsel for the objecting party shall, within five (5) business days after service of that cross-notice, notify the Court of its objection by letter-motion to quash delivered, e-mailed or faxed to the court and all interested parties, including liaison counsel. The making of such an objection shall not delay the cross-noticed deposition unless so ordered by the Court. If such a deposition is not delayed or canceled, the objecting party may apply for another deposition upon good cause shown.

7. Notice of any witness deposition shall be served on Plaintiffs' Liaison Counsel, Defendants' Liaison Counsel, and all counsel of record for defendants. Plaintiffs' Liaison Counsel shall provide all individual counsel of record for plaintiffs with all notices of deposition. All parties will make a good faith effort to provide Bates numbers for any documents the noticing party intends to use in questioning deponents at

least forty-eight (48) hours in advance of the witness's deposition. In no event shall any witness be deposed more than once in this Risperdal Litigation without leave of court and for good cause shown except that doctors or other medical professionals may be deposed in each of their patient's cases.

BY THE COURT:

SANDRA MAZER MOSS
COMPLEX LITIGATION CENTER

Date: 11/1/10

EXHIBIT A

[PLAINTIFF'S COUNSEL INFORMATION]

Attorneys for Plaintiff(s)

IN RE: RISPERDAL® LITIGATION **March Term 2010, No. 296**	:	**PHILADELPHIA COUNTY** **COURT OF COMMON PLEAS** **TRIAL DIVISION**
Plaintiff(s),	:	**_____ TERM, 2010**
v.	:	**No. _____**
Ortho-McNeil-Janssen Pharmaceuticals, Inc, f/k/a Janssen Pharmaceutica, Inc., Johnson & Johnson Company, Johnson & Johnson Pharmaceutical Research and Development, L.L.C., Excerpta Medica, Inc., and Elsevier Inc.,	:	
Defendants.		

NOTICE TO PLEAD

NOTICE You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO

AVISO Le han demandado en corte. Si usted quiere defenderse contra las demandas nombradas en las paginas siquientes, tiene veinte (20) dias a partir de recibir esta demanda notificacion para entablar personalmente o por un abogado una comparesencia escrita y tambien para entablar con la corte en forma escrita sus defensas y objeciones a las demandas contra usted sin previo aviso para conseguir el deniro demandado en el pleito o para conseguir cualquier otra demanda o alivio solicitados por el demandante. Usted puede perder dinero o propiendad u otros derechos importantes para usted.

USTED DEBE LLEVAR ESTE DOCUMENTO A SU ABOGADO

YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER (OR CANNOT AFFORD ONE), GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP. **PHILADELPHIA COUNTY BAR ASSOCIATION** LAWYER REFERRAL AND INFORMATION SERVICE 1101 MARKET STREET, 11TH FLOOR PHILADELPHIA, PENNSYLVANIA 19107 TELEPHONE: (215) 238-1701

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[PLAINTIFF'S COUNSEL INFORMATION]

Attorneys for Plaintiff(s)

IN RE: RISPERDAL® LITIGATION **March Term 2010, No. 296**	:	**PHILADELPHIA COUNTY** **COURT OF COMMON PLEAS** **TRIAL DIVISION**
	:	**_____ TERM, 2010**
Plaintiff(s),	:	**No. _____**
v.	:	
Ortho-McNeil-Janssen Pharmaceuticals, Inc, f/k/a Janssen Pharmaceutica, Inc., Johnson & Johnson Company, Johnson & Johnson Pharmaceutical Research and Development, L.L.C., Excerpta Medica, Inc., and Elsevier Inc.,	:	
Defendants.	:	

ABBREVIATED INDIVIDUAL COMPLAINT FOR RISPERDAL LITIGATION AND ADOPTION BY REFERENCE

1. Plaintiff(s) incorporate by reference Plaintiffs' Amended Master Long Form Complaint in *In Re: Risperdal Litigation* in the Philadelphia County Court of Common Pleas, filed as of September 3, 2010, under Docket Number March Term 2010, No. 296, and currently pending before the Honorable Sandra Mazer Moss.

2. Plaintiff(s) selects and indicates by checking off the appropriate spaces, those products and claims that are specific to his or her case. Where certain claims require, pursuant to Pennsylvania law, specific pleading or case specific facts and individual information, Plaintiff(s) shall add and include them herein.

3. Plaintiff _____ (hereinafter referred to as "Plaintiff")[1] is an individual who resides at _____, in the state of _____.

4. Plaintiff claims the following antipsychotic medications caused his or her injury:

RISPERDAL _____

RISPERDAL CONSTA _____

INVEGA _____

INVEGA SUSTENNA _____

5. Plaintiff claims to have suffered the following injury(ies) as a result of ingesting Risperdal, Risperdal Consta and/or Invega:

Injury	**Risperdal and/or Risperdal Consta**	**Invega and/or Invega Sustenna**
Gynecomastia		
Galactorrhea		
Pituitary Tumors		
Microadenomas of the Pituitary Gland		
Breast Cancer		
Osteoporosis		
Decreased Bone Mineral Density		
Metabolic Syndrome		
Dyslipidemia		
Hypertension		

[1] In answering the following questions, the term "Plaintiff" refers to the party who alleges that they were injured, including a decedent who is represented by an administrator or a minor who is represented by a parent or guardian.

Diabetes Mellitus		
Diabetic Ketoacidosis (DKA)		
Hyperosmolar coma		
Hyperglycemia		
Glucose Dysregulation		
Insulin Insufficiency		
Insulin Resistance		
Pancreatitis		
Tardive Dyskinesia (TD)		
Extrapyramidal Symptoms		
Involuntary Movement Disorders		
Dyskinesia		
Dystonia		
Akathisia		
Parkinsonism		
Neuroleptic Malignant Syndrome (NMS)		
Other: _____		

6. Plaintiff purchased and/or otherwise obtained Risperdal and/or Risperdal Consta, which Plaintiff ingested from _____ to _____.

7. Plaintiff purchased and/or otherwise obtained Invega and/or Invega Sustenna, which Plaintiff ingested from _____ to _____.

8. Plaintiff claims damages as a result of:

_____ Personal Injury to himself, herself or the person represented

_____ Economic Loss

9. Plaintiff's spouse, _____ (hereinafter referred to as "Spouse"), is an adult individual residing at _____ in the State of _____, and claims damages as a result of:

_____ Loss of Consortium, date of marriage: _____.

10. Plaintiff's parent and/or guardian, _____ (hereinafter referred to as "Guardian") is an adult individual residing at _____ in the State of _____, and claims damages as a result of medical expenses incurred and/or to be incurred in an effort to treat Plaintiff's injuries.

11. The following claims asserted in the Amended Master Complaint and the allegations with regard thereto in the Amended Master Complaint are herein adopted by reference:

_____ Count I: Negligence

_____ Count II: Negligence – Design Defect

_____ Count III: Fraud

_____ Count IV: Strict Product Liability – Failure to Warn

_____ Count V: Strict Product Liability – Design Defect

_____ Count VI: Breach of Express Warranty

_____ Count VII: Breach of Implied Warranty

_____ Count VIII: Violation of Pennsylvania Unfair Trade Practices and Consumer Protection Law, 73 P.S. § 201-1 *et seq.*

_____ Count IX: Unfair and Deceptive Trade Practices

_____ Count X: Conspiracy

_____ Count XI: Punitive Damages

_____ Count XII: Medical Expenses Incurred by Parent

_____ Count XIII: Loss of Consortium

Plaintiff(s) asserts the following additional theories of recovery against Defendants: _____

_____

*Attach additional pages.

Respectfully submitted,

Dated: _____ By: _____

Attorney for Plaintiff(s)

DEMAND FOR JURY TRIAL

Demand is hereby made for trial by jury.

_____

Plaintiffs' counsel

Dated: _____

VERIFICATION

I, _____, hereby state:

1. I am the plaintiff in this action;

2. I verify that the statements made in the foregoing Short Form Complaint are true and correct to the best of my knowledge, information and belief; and

3. I understand that the statements in the Complaint are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

_____
[NAME OF PLAINTIFF]
Plaintiff

Date

[PLAINTIFF'S COUNSEL INFORMATION]

Attorneys for Plaintiff(s)

IN RE: RISPERDAL® LITIGATION **March Term 2010, No. 296**	:	**PHILADELPHIA COUNTY** **COURT OF COMMON PLEAS** **TRIAL DIVISION**
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EXHIBIT B

IN RE: RISPERDAL LITIGATION

IN THE COURT OF COMMON PLEAS, PHILADELPHIA COUNTY

PLAINTIFF'S 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®.[1] Those questions using the term "You" refer to the person who used Risperdal®. 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 forms. **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® product, or other materials or items that you are requested to produce as part of answering this fact sheet or that relate to Risperdal® or 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.

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[1] In cases where Plaintiff claims to have used Invega, Plaintiff will respond and produce documents accordingly.

I. PRELIMINARY INFORMATION

A. Full name of person who used Risperdal®:_____

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 a minor, a mentally incapacitated person or the estate of a deceased person, state:

1. Your name and address:_____

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

3. Your relationship to deceased or represented person:_____

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

_____

II. PERSONAL INFORMATION FOR THE RISPERDAL® USER

A. Address:_____

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

C. Social Security Number:_____

D. Date and city/state of birth:_____Date of Death:_____

E. Sex: Male_____ Female:_____

F. Ethnicity: African-American ___ Caucasian ___ Hispanic ___ Native American ___ Asian ___ 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:

1. Elementary School:

   Name:_____
   Address:_____
   Grade, completed:_____
   Dates of attendance:_____

2. Middle School:

   Name:_____
   Address:_____
   Grade, completed:_____
   Dates of attendance:_____

3. High School:

   Name:_____
   Address:_____
   Grade, completed:_____
   Dates of attendance:_____

4. 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.

J. EMPLOYMENT INFORMATION

1. 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

2. Since the age of 21, have you ever been unemployed? Yes __ No __

If yes, state date(s) of and reasons for any unemployment:_____

_____

3. Have you ever missed 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:_____

_____

III. 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 Pharmaceutics, Inc., or any of their representatives? Yes __ No __

D. Identify the specific materials produced by Elsevier or Excerpta Medica suggesting that Risperdal and/or Invega were safe and effective for use in treating children and adolescents or in treating Plaintiff's condition that the prescribing physician relied on in prescribing the medication: _____.

IV. INVEGA®

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 Invega®? Yes __ No __
If no, state when you stopped and why:_____

_____

B. Has any healthcare provider recommended that you not use Invega®? 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.

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.

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.

VII. INJURIES, SYMPTOMS, DIAGNOSES & DAMAGES

A. Have you suffered any physical, mental or emotional condition as a result of using:

1. Risperdal®? Yes __ No __
2. Seroquel®? Yes __ No __
3. Zyprexa®? Yes __ No __

B. If you answered yes, 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 damages 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® to present (or if you are a minor, please list all healthcare providers):

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 procedures in an out-patient setting since ten (10) years prior to your first ingestion of Risperdal® to present (or if you are a minor, please list all hospitalizations):

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

* Please attach additional pages if necessary.

C. Identify the following for each pharmacy, drugstore 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® to present (or if you are a minor, please list all pharmacies, etc.):

Pharmacy Name	Address and Phone Number	Dates/Date Ranges Prescriptions Were Filled	Specify Whether Prescription Was for Risperdal®

* Please attach additional pages if necessary.

IX. MEDICAL BACKGROUND

A. Current Height: _____ Weight: _____

At the time of first Risperdal ingestion: 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/week)
   When was this period? _____ to _____

D. Smoking History

1. Do you currently smoke cigarettes? Yes __ No __
   If yes, how many cigarettes per day? _____

2. Have you ever smoked cigarettes? Yes __ No __
   If yes, when did you start smoking cigarettes? _____
   If you have smoked cigarettes in the past, but you do not currently smoke cigarettes, when did you stop? _____

E. Medical History: Have you ever been diagnosed or treated or 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			

Condition	Yes	No	Dates of Diagnosis/Treatment
Galactorrhea			
Glycosuria/glucosuria (sugar in your urine)			
Gynecomastia			
Hyperglycemia (high blood sugar)			
Any other problems related to blood sugar, glucose, ketones, or insulin			
High Cholesterol/hyperlipidemia			
High triglycerides			
Obesity (overweight)			
Pancreatitis			
Pituitary Tumor			
Neuroleptic Malignant Syndrome			
Tardive Dyskinesia or other movement disorder			
Extrapyramidal Symptoms (EPS)			
Hyperprolactinemia			

F. Do you currently suffer from any physical injuries, illnesses or disabilities that are not caused by Risperdal?
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 illegal/illicit drugs or methadone? Yes __ No __
If yes, please list drug(s) and period(s).of use:_____

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 are/were 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			
Gynecomastia			
Any diagnosed psychiatric disease (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 persons 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® through the present? Yes __ No __
If yes, then identify the following as to each such company:

Name	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 filed a lawsuit of made a claim, other than in the present suit, seeking civil/monetary damages? 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 crime within the past ten (10) years, or a felony or crime of moral turpitude ever? Yes __ No __
If yes, describe the crime or offense, the state and county in which convicted/pled guilty, and the outcome of the charge:

_____

_____

C. Are you a participant in any settlement relating to your use of:
Seroquel®: Yes __ No __
Zyprexa®: Yes __ No __
Any other antipsychotic: Yes __ No __
If yes, provide the name of the other antipsychotic: _____

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 in this case have any of the following materials in your possession by placing a check mark 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®, or Zyprexa® (whichever is earlier) to present. Yes __ No __

2. Pharmacy records for the ten (10) years prior to Your first ingestion of Risperdal® Seroquel®, or Zyprexa® (whichever is earlier) to present, including receipts, prescriptions or records of purchase. Yes __ No __

3. Advertisements for Risperdal® or articles discussing Risperdal® that You reviewed before and during the time you took Risperdal®. Yes __ No __

4. The packaging, including the box and label, for Risperdal® and any remaining medication prescribed for or taken by You (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®. Yes __ No __

6. Documents that mention Risperdal® or any alleged health risks or hazards related to Risperdal® 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 Your specific case. 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®. Yes __ No __
    If yes, identify the antipsychotic medication:_____

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 to complaints, 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, except as protected by various legal privileges and/or confidentiality orders or agreements in place. Yes __ No __
If You are claiming legal privileges and/or protection afforded by confidentiality orders or agreements, identify the documents that You are not producing:_____
_____

17. Journals, diaries, notes, letters, e-mails or other documents written by You or received by You which refer to Your injuries allegedly caused by Risperdal®, or the risks and/or benefits of Risperdal®, or which refer to this litigation, except as protected by various legal privileges and/or confidentiality orders or agreements in place. Yes__No__
If You are claiming legal privileges and/or protection afforded by confidentiality orders or agreements, identify the documents that You are not producing:_____
_____

18. Print-outs of all websites, social networking sites or blogs, including but not limited to Facebook, Twitter, MySpace, and Skype, which are maintained or created by You and which refer to Your injuries allegedly caused by Risperdal®, or the risks and/or benefits of Risperdal®, or which refer to this litigation.
Yes __ No __

19. Print-outs of internet postings or communications, including but not limited to public forums, message boards, Facebook, Twitter, MySpace, and Skype, made by You and which refer to Your injuries allegedly caused by Risperdal®, or the risks and/or benefits of Risperdal®, or which refer to this litigation. Yes __ No __

DECLARATION

I, _____, declare under penalty of perjury subject to 18 Pa. C.S. § 4904 that all of the information provided in this Plaintiff Fact Sheet is true, complete and correct to the best of my knowledge, that I have supplied all the documents requested in Part ____ of this Plaintiff's Fact Sheet to the extent that such documents are in my possession, custody, or control, or in the possession, custody, or control of my lawyers, and that I have supplied the authorizations attached to this declaration.

Further, I acknowledge that I must supplement my responses if I learn that they are incomplete or incorrect in any material respect.

Date:_____ _____

Signature

EXHIBIT C

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 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 bill, 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 trade 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:

- This request for disclosure of protected health information and any disclosure of the same pursuant hereto are 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 Representatives authority to act for patient /relationship to patient (if applicable)

Address:
[Plaintiffs 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.

EXHIBIT D

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 mental health practitioner documenting, analyzing and/or describing the contents of a conversation during any 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 re-disclosure 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.

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:

_____

EXHIBIT E

AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS

Plaintiff/Patient's Name: _____

Date of Birth: _____

Social Security No.: _____

Current Address: _____

TO: _____
_____
_____

You are hereby authorized to disclose, make available and furnish to Drinker Biddle & Reath LLP, One Logan Square, Suite 2000, Philadelphia, PA 19103-6996, copies of any and all documents relating to enrollment at the school, including but not limited to the complete academic file including documents reflecting courses taken, teachers, grades and standardized test results.

Dated this ____ day of _____, 20__

_____
Signature of Plaintiff

_____
Print or Type Name

Sworn to and subscribed before me this

____day of _____, 20__

EXHIBIT F

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

In conjunction with pending litigation, you are hereby authorized to release to my attorneys, _____ and/or their authorized representatives or affiliated counsel, and to DRINKER, BIDDLE & REATH LLP, attorneys for Johnson & Johnson, Johnson & Johnson Pharmaceutical Research & Development, L.L.C. and Ortho-McNeil Pharmaceutical, Inc., and/or their authorized representatives, including but not limited to RecordTrak, the following:

> **Any and all records in your possession or under your control pertaining to the employment of _____, including but not limited to applications for employment, employee health files, descriptions of job functions, evaluations, reviews, and job performance summaries, payroll and earnings statements, and correspondence and memorandums regarding the undersigned.**

This Authorization is an informed consent for the release of records, and I understand that I have a right to receive a copy of this Authorization upon request.

A copy of this signed Authorization shall be deemed as valid as the original.

I understand that the information requested cannot be released without my specific consent.

These records shall be used or disclosed solely in connection with the current litigation and which involves the person named above. This authorization shall cease to be effective as of the date on which the litigation concludes.

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon. I understand that once the information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacy laws.

DATED: _____

_____
[Plaintiff's name]

_____
Date of Birth

EXHIBIT G

AUTHORIZATION FOR THE RELEASE OF LITIGATION RECORDS

Plaintiff's Name: _____

Date of Birth: _____

Social Security No.: _____

Current Address: _____

TO: _____
_____
_____

I, _____, by parent/guardian ad litem, _____, hereby authorize _____ _____ to disclose, make available and furnish to Drinker Biddle & Reath LLP, One Logan Square, Suite 2000, Philadelphia, PA 19103-6996, copies of the following litigation documents (not including documents covered by the Attorney-Client and Work Product Privileges) pertaining to the civil action filed on behalf of _____ _____, by parent/guardian ad litem, _____ by the _____ (law firm and/or attorney) in connection with the following lawsuit(s): _____

1. All pleadings and court filings, including any certifications by all parties.
2. All medical and/or psychiatric evaluations pertaining to _____.
3. All court orders.
4. All deposition transcripts.
5. All discovery requests directed to _____, and/or his/her legal representative, if any.
6. All discovery responses answered by _____, and/or his/her legal representative, if any.
7. All medical, personnel, or educational records pertaining to _____.
8. All records pertaining to _____ produced by any party to the litigation.

I understand that this authorization includes information regarding the diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), and psychiatric and psychological disorders as well as psychotherapy notes. 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, inform consent forms regarding family planning, admission and discharge records, operation records, doctor and nurses notes, prescriptions, medical bills, invoices, histories, diagnoses, 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).

One set of these materials is to be provided to Drinker Biddle & Reath LLP at the expense of Drinker Biddle & Reath LLP. Copies of all documents furnished pursuant to this authorization will be provided to my attorneys, Sheller, P.C., at mine or Sheller, P.C.'s expense, upon request to Drinker Biddle & Reath LLP.

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

A facsimile, copy or photocopy of this authorization shall authorize you to release the records herein. This authorization shall be in force and effect until one year from date of execution, at which time this authorization expires.

Dated this _____ day of _____, 20__.

_____

EXHIBIT H

IN THE COURT OF COMMON PLEAS
PHILADELPHIA COUNTY

IN RE: RISPERDAL LITIGATION	:	**MARCH TERM, 2010**
	:	**NO. 00296**

DEFENDANT FACT SHEET

For each case, Defendants Ortho-McNeil-Janssen Pharmaceuticals, Inc., f/k/a Janssen Pharmaceutica, Inc., Johnson & Johnson Company and Johnson & Johnson Pharmaceutical Research and Development, L.L.C. (collectively, "Defendants") must complete this Defendant Fact Sheet ("DFS"). The DFS must be completed and served on all counsel in the action identified in Section I below. Defendants will produce documents from reasonably accessible data sources.

In answering the following questions, the term "Plaintiff" refers to the party who alleges that he or she was injured, a decedent who is represented by an administrator, or a minor who is represented by a parent or guardian. The term "RISPERDAL" means the antipsychotic drug risperidone, also known by the brand name RISPERDAL® and/or RISPERDAL CONSTA®. If Plaintiff has claimed used of INVEGA in Section IV of the Plaintiff's Fact Sheet, then all requests for information regarding RISPERDAL® shall include INVEGA® and/or INVEGA SUSTENNA®, an extended release formulation of paliperidone, the primary active metabolite of the older atypical antipsychotic risperidone.

The relevant period for the DFS is February 1, 1994 to January 1, 2010.

You should attach additional sheets of paper if necessary to completely answer the following questions.

I. CASE INFORMATION

This DFS pertains to the following case:

Case caption:_____

Docket No.:_____

II. CONTACTS AND COMMUNICATIONS WITH PLAINTIFF'S PRESCRIBING HEALTHCARE PROVIDER

In Section III [and IV, if applicable] of Plaintiff's Fact Sheet, Plaintiff identified person(s) who prescribed and/or dispensed RISPERDAL to the Plaintiff (hereinafter, "Prescribing Healthcare Provider"). For each Prescribing Healthcare Provider identified, state the following:

A. DEAR DOCTOR OR HEALTHCARE PROVIDER LETTERS:

1. Were any of the following letters addressed to "Dear Doctor" or "Dear Healthcare Provider" or other mailings regarding RISPERDAL sent to the Prescribing Healthcare Provider(s) identified by the Plaintiff?

a.	April 16, 2003:	Yes ☐	No ☐
b.	September 9, 2003:	Yes ☐	No ☐
c.	November 10, 2003:	Yes ☐	No ☐
d.	July 21, 2004:	Yes ☐	No ☐
e.	May 2005:	Yes ☐	No ☐

2. If Yes, produce any documents reflecting dissemination of the letter or other communication to the Prescribing Healthcare Provider(s).

3. If your answer is "yes," but you are unable to produce the documents requested in question II.A.2., please provide an explanation for your inability to produce the documents.

B. OTHER CONTACTS WITH PLAINTIFF'S PRESCRIBING HEALTHCARE PROVIDER:

1. Produce all call notes from all call note databases, including the "AS400", "Viewpoint", "Siebel" and "Dendrite" databases, reflecting each known meeting or consultation between Defendants or anyone on behalf of Defendants with any Prescribing Healthcare Provider concerning RISPERDAL.

a. The call notes will be limited to the relevant time period, but will not be redacted as to other products to the extent they are mentioned in the comments section.

b. The call notes will be produced in an Access database format.

2. Produce all emails sent to the Prescribing Healthcare Provider(s) from Defendants' sales representatives who are identified in the call notes as having called upon the Prescribing Healthcare Provider(s) during the relevant period concerning RISPERDAL. This information shall be produced in PDF format. To the extent this data is searchable as it is

ordinarily maintained, the PDF will embed searchable text.

3. Produce Medical Information Requests ("MIRs") made by the Prescribing Healthcare Provider and the corresponding company response(s), to the extent they exist, within the relevant time period limited to RISPERDAL. To the extent this data is searchable as it is ordinarily maintained, the PDF will embed searchable text.

4. Produce sampling information tied to Prescribing Healthcare Provider(s), limited to RISPERDAL, whether it be contained in the call notes or in a sampling database. To the extent possible and/or where available, include information concerning (a) the number of sample packets provided and the dosages provided; (b) the dates they were provided; (c) the lot numbers for the samples provided; (d) the identity of the person(s) who provided the sample; and (e) any posters, literature or information either provided for display in the Prescribing Healthcare Provider's office or waiting room or intended to be given to patients along with such samples, including Bates number.

5. To the extent available, state whether any Prescribing Healthcare Provider attended any Continuing Medical Education ("CME") course or event sponsored by Defendant(s) where RISPERDAL was discussed.

a. If Yes, identify the date of the CME, any third-party vendor who arranged or prepared materials for the CME, the speakers, whether Prescribing Healthcare Provider was an attendee or speaker, the location of the CME, the title of the CME, the cost of the CME to the Prescribing Healthcare Provider, and attach the speaker materials, any comments or review by the Prescribing Healthcare Provider, any documents provided to attendees, and any document or record evidencing the Prescribing Healthcare Provider's attendance. If no such documents are available, identify the third-party vendor(s) that possess such documents.

6. Other than the contacts identified above, state whether there are any documents indicating that a sales representative for Defendants ever met or consulted with each Prescribing Healthcare Provider identified concerning RISPERDAL, its indications (approved or otherwise), its effects, its benefits and/or its risks.

Yes ☐ No ☐

7. If Yes, identify each document.

C. CONSULTING WITH PLAINTIFF'S PRESCRIBING HEALTHCARE PROVIDER

1. To your knowledge, state whether the Prescribing Healthcare Provider(s) has ever been consulted and/or retained by Defendants as a "key opinion leader," member of a "speaker's bureau," a clinical investigator, or a member of an advisory board regarding Risperdal.

Yes ☐ No ☐

2. If the Prescribing Healthcare Provider(s) has been consulted and/or retained by Defendants as a Key Opinion Leader regarding RISPERDAL, produce documents that provide the following information: whether the Prescribing Healthcare Provider ever spoke at or attended any event, conference or other meeting regarding Risperdal; presentation or speaker materials provided by Defendants or used by Prescribing Healthcare Provider, to the extent any exist; speaker training provided by Defendants, to the extent any exist; the amount paid by Defendants to the Prescribing Healthcare Provider, if any; all agreements or contracts between the Defendants and the Prescribing Healthcare Provider; and, to the extent it exists, any written communications between Defendants and the Prescribing Healthcare Provider relating to his or her role as a Key Opinion Leader.

3. If the Prescribing Healthcare Provider(s) has been consulted and/or retained by Defendants as a member of a "speaker's bureau" regarding RISPERDAL, produce documents that provide the following information: date of the program; name of the program; whether the Prescribing Healthcare Provider was an attendee or a speaker; the amount of payment, if paid; , to the extent it exists, the corresponding speaker program materials; and, to the extent it exists, any consulting agreements and contracts between the Prescribing Healthcare Provider(s) and Defendants.

4. If the Prescribing Healthcare Provider(s) has been consulted and/or retained by Defendants as a clinical investigator regarding RISPERDAL, produce documents that provide the following information: the protocol number, study title, doctor location when available, the amount paid by Defendants to the Prescribing Healthcare Provider, if any, and the identity of the clinical research organization, if available.

5. If the Prescribing Healthcare Provider(s) has been consulted and/or retained by Defendants as a member of an advisory board regarding RISPERDAL, produce documents that provide the following information: the name of the advisory board, the date(s) the advisory board met, the amount of payment, if paid, and, to the extent it exists, any consulting agreements and contracts between the Prescribing Healthcare Provider(s) and Defendants.

6. If the Prescribing Healthcare Provider(s) ever contacted, either orally or in writing, Defendants to request information concerning RISPERDAL, its indications, its effects and/or its risks, attach any document pertaining to any such request and Defendant(s) response, if any.

III. PLAINTIFF'S PRESCRIBING HEALTHCARE PROVIDER'S PRESCRIBING PRACTICES

For each Prescribing Healthcare Provider identified in Section III [and IV, if applicable] of Plaintiff's Fact Sheet, state or produce the following.

1. Do you have access to any database or information which purports to track any of Plaintiff's Prescribing Healthcare Provider(s)'s prescribing practices with respect to RISPERDAL (including, but not limited to, the number of prescriptions and the time frame when these products were prescribed)?

Yes ☐ No ☐

2. If Yes, please produce or identify the database(s) or document(s) which capture(s) that information and attach the report(s) from the database(s).

IV. PLAINTIFF'S TREATING HEALTHCARE PROVIDERS

In Sections VII.B.5. and VIII.A. of Plaintiff's Fact Sheet, Plaintiff identified who treated the Plaintiff for his or her RISPERDAL-related injuries (hereinafter, "Treating Healthcare Provider"). For each Treating Healthcare Provider identified, state the following:

A. DEAR DOCTOR OR HEALTHCARE PROVIDER LETTERS:

1. Were any of the following letters addressed to "Dear Doctor" or "Dear Healthcare Provider" or other mailings regarding RISPERDAL sent to the Treating Healthcare Provider(s) identified by the Plaintiff?

a.	April 16, 2003:	Yes ☐	No ☐
b.	September 9, 2003:	Yes ☐	No ☐
c.	November 10, 2003:	Yes ☐	No ☐
d.	July 21, 2004:	Yes ☐	No ☐
e.	May 2005:	Yes ☐	No ☐

2. If Yes, produce any documents reflecting dissemination of the letter or other communication to the Treating Healthcare Provider(s).

3. If your answer is "yes," but you are unable to produce the documents requested in question IV.A.2., please provide an explanation for your inability to produce the documents.

B. OTHER CONTACTS WITH PLAINTIFF'S TREATING HEALTHCARE PROVIDER:

1. To your knowledge, state whether the Treating Healthcare Provider(s) has ever been consulted and/or retained by Defendants as a "key opinion leader," member of a "speaker's bureau," a clinical investigator, or a member of an advisory board regarding RISPERDAL.

Yes ☐ No ☐

2. If the Treating Healthcare Provider(s) has been consulted and/or retained by Defendants as a Key Opinion Leader regarding RISPERDAL, produce documents that provide the following information: whether the Treating Healthcare Provider ever spoke at or attended any event, conference or other meeting regarding Risperdal; presentation or speaker materials provided by Defendants or used by Treating Healthcare Provider, to the extent any exist; speaker training provided by Defendants, to the extent any exist; the amount paid by Defendants to the Treating Healthcare Provider, if any; all agreements or contracts between the Defendants and the Treating Healthcare Provider; and, to the extent it exists, any written communications between Defendants and the Treating Healthcare Provider relating to his or her role as a Key Opinion Leader.

3. If the Treating Healthcare Provider(s) has been consulted and/or retained by Defendants as a member of a "speaker's bureau" regarding RISPERDAL, produce documents that provide the following information: date of the program; name of the program; whether the Treating Healthcare Provider was an attendee or a speaker; the amount of payment, if paid; and, to the extent it exists, the corresponding speaker program materials.

4. If the Treating Healthcare Provider(s) has been consulted and/or retained by Defendants as a clinical investigator regarding RISPERDAL, produce documents that provide the following information: the protocol number, study title, doctor location when available, the amount paid by Defendants to the Treating Healthcare Provider, if any, and the identity of the clinical research organization, if available.

5. If the Treating Healthcare Provider(s) has been consulted and/or retained by Defendants as a member of an advisory board regarding RISPERDAL, produce documents that provide the following information: the name of the advisory board, the date(s) the advisory board met, and the amount of payment, if paid.

6. Produce all call notes from all call note databases, including the "AS400", "Viewpoint", "Siebel" and "Dendrite" databases, reflecting each known meeting or consultation between Defendants or anyone on behalf of Defendants with any Treating Healthcare Provider concerning RISPERDAL.

a. The call notes will be limited to the relevant time period, but will not be redacted as to other products to the extent they are mentioned in the comments section.

b. The call notes will be produced in an Access database format.

7. Produce Medical Information Requests ("MIRs") made by the Treating Healthcare Provider and the corresponding company response(s), to the extent they exist, within the relevant time period limited to RISPERDAL. To the extent this data is searchable as it is ordinarily maintained, the PDF will embed searchable text.

V. PLAINTIFF'S MEDICAL CONDITION

A. Have you contacted or been contacted by Plaintiff, any of his/her physicians, or anyone on behalf of Plaintiff concerning Plaintiff (other than attorneys)?

Yes ☐ No ☐

B. Produce any and all documents, which reflect any communication between any person and you concerning Plaintiff and identify same by date and Bates range.

C. Produce a copy of any MedWatch form, other than documents initiated in the course of litigation, which refers or relates to Plaintiff.

Dated:_____

_____

Kenneth A. Murphy
Melissa A. Graff
DRINKER BIDDLE & REATH LLP
One Logan Square, Suite 2000
Philadelphia, PA 19103-6996
Counsel for Defendants Ortho-McNeil-Janssen Pharmaceuticals, Inc. (f/k/a Janssen Pharmaceutica Inc.), Johnson & Johnson Company and Johnson & Johnson Pharmaceutical Research and Development, LLC

VERIFICATION

I am employed by _____, one of the Defendants in this litigation. I am authorized, in my capacity as _____, by _____, to execute this certification on behalf of _____. The foregoing answers were prepared with the assistance of _____.

I declare under penalty of perjury that all of the information provided in this Defendant Fact Sheet is true and correct to the best of my knowledge upon information and belief formed after a reasonable inquiry and process. Further, Defendants acknowledge that they have an obligation to supplement the above responses if Defendants learn that the responses are, or become, in any material respect, incomplete or incorrect.

Date: _____