

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA**

CHARLESTON DIVISION

IN RE: AMERICAN MEDICAL SYSTEMS, INC.,
PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION

MDL No. 2325

THIS DOCUMENT RELATES TO ALL CASES

PRETRIAL ORDER # 32


(Correction to PTO # 30, Change to Signature and Initialing Requirements
re: Plaintiff Profile Forms (PTO # 19))

By PTO # 30 [ECF 359], I attached a revised Plaintiff Profile Form (Exhibit 1) omitting the initialing and signature requirements, along with *unchanged* authorizations (Exhibit A to Exhibit 1). The Verification immediately above plaintiff's signature line was inadvertently omitted from Exhibit 1. It is **ORDERED** that the Clerk replace Exhibit 1 to PTO # 30 with the corrected Exhibit 1 that is attached hereto and post the corrected Exhibit 1 to the website.

The Court **DIRECTS** the Clerk to file a copy of this order in 2:12-md-2325 and it shall apply to each member related case previously transferred to, removed to, or filed in this district, which includes counsel in all member cases up to and including civil action number 2:12-cv-09116. In cases subsequently filed in this district, a copy of the most recent pretrial order will be provided by the Clerk to counsel appearing in each new action at the time of filing of the complaint. In cases subsequently removed or transferred to this court, a copy of the most recent pretrial order will be provided by the Clerk to counsel appearing in each new action upon removal or transfer. It shall be the responsibility of the parties to review and abide by all pretrial

orders previously entered by the court. The orders may be accessed through the CM/ECF system or the court's website at www.wvsc.uscourts.gov.

ENTER: December 20, 2012



Joseph R. Goodwin
Joseph R. Goodwin, Chief Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

CHARLESTON DIVISION

MDL No. 2325

In Re American Medical Systems, Inc., Pelvic Repair System Products Liability Litigation

In completing this Plaintiff Profile Form, you are under oath and must provide information that is true and correct to the best of your knowledge. The Plaintiff Profile Form shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order.

I. CASE INFORMATION

Caption: _____ Date: _____

Docket No.: _____

Plaintiff's attorney and Contact information:

II. PLAINTIFF INFORMATION

Name: _____

Spouse: _____ Loss of Consortium? Yes No

Address: _____

Date of birth: _____

Social Security No.: _____

III. DEVICE INFORMATION¹

Date of implant: _____

Reason for Implantation: _____

Brand Name: _____ Mfg. _____

¹ Note: In lieu of device information, operating records may be submitted as long as all requested information is legible on the face of the record.

Lot Number: _____

Implanting Surgeon: _____

Medical Facility: _____

Date of implant: _____

Reason for Implantation: _____

Brand Name: _____ Mfg. _____

Implanting Surgeon: _____

Medical Facility: _____

• *Attach medical evidence of product identification.*

IV. REMOVAL/REVISION SURGERY INFORMATION

Date of surgery(s): _____

Type of surgery(s): _____

Explanting surgeon: _____

Medical Facility: _____

Reason for Explant: _____

Date of surgery(s): _____

Type of surgery(s): _____

Explanting surgeon: _____

Medical Facility: _____

Reason for Explant: _____

V. OUTCOME ATTRIBUTED TO DEVICE

<input type="checkbox"/> Pain	<input type="checkbox"/> Fistulae
<input type="checkbox"/> Erosion	<input type="checkbox"/> Recurrence
<input type="checkbox"/> Extrusion	<input type="checkbox"/> Bleeding
<input type="checkbox"/> Infection	<input type="checkbox"/> Dyspareunia
<input type="checkbox"/> Urinary Problems	<input type="checkbox"/> Neuromuscular problems
<input type="checkbox"/> Bowel Problems	<input type="checkbox"/> Vaginal Scarring

<input type="checkbox"/> Organ Perforation	<input type="checkbox"/> Other
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VI. PAST HISTORY

Number of Pregnancies: Number of Live Births:
Date of Hysterectomy(ies) and Name of Hospital Where Performed:

Prior to the First Implant, Have You Ever Had:

- Lupus
- Diabetes
- Auto Immune Disorder
- Endometriosis
- Pelvic Pain Syndrome or Disorder
- Fibroids
- Adhesive Disease

Are you claiming damages for lost wages: Yes No

If so, for what time period:

Have you ever filed for bankruptcy: Yes No

If so, when?

Do you have a computer: Yes No

If so, are you a member of Facebook, LinkedIn or other social media websites:
 Yes No

Which ones:

VII. LIST OF ALL TREATING PHYSICIANS FOR THE PERIOD OF 10 YEARS PRIOR TO THE FIRST MESH IMPLANT, INCLUDING ALL PRIMARY CARE PHYSICIANS, OB-GYNS, UROLOGISTS, ENDOCRINOLOGISTS, RHEUMATOLOGISTS, PSYCHIATRISTS, PSYCHOLOGISTS, OR ANY OTHER SPECIALISTS

Primary Care Physicians:

Name:

Address:

Approximate Period of Treatment:

Name: [redacted]

Address: [redacted]

Approximate Period of Treatment: [redacted]

OB-GYNs:

Name: [redacted]

Address: [redacted]

Approximate Period of Treatment: [redacted]

Name: [redacted]

Address: [redacted]

Approximate Period of Treatment: [redacted]

Urologists:

Name: [redacted]

Address: [redacted]

Approximate Period of Treatment: [redacted]

Name: [redacted]

Address: [redacted]

Approximate Period of Treatment: [redacted]

Psychiatrists/Psychologists (Answer only if making a claim for emotional/psychological injury beyond usual pain and suffering):

Name: [redacted]

Address: [redacted]

Approximate Period of Treatment: [redacted]

Name: _____

Address: _____

Approximate Period of Treatment: _____

Attach additional pages as needed to identify other health care providers you have seen.

AUTHORIZATIONS

Provide ONE (1) SIGNED ORIGINAL copy of each of the records authorization forms attached as Ex. A. These authorization forms will authorize the records vendor selected by the parties to obtain those records identified in the authorizations from the providers identified within this Plaintiff Profile Form.

VERIFICATION

I, _____, declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Profile Form dated _____ and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

Signature of Plaintiff