UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

IN RE: BENICAR (OLMESARTAN) PRODUCTS LIABILITY LITIGATION

HON. ROBERT B. KUGLER

Civil No. 15-2606 (RBK)(JS)

DEFENDANTS' FACT SHEET

Plaintiff: _____
Name of Plaintiff

Individual Case Docket No. _____

For each case, each served Defendant must complete this Defendant Fact Sheet (DFS). Each response must either provide the substantive information requested (and documents, as applicable).

In accordance with Case Management Order No. __, within 60 days of receiving a substantially completed and verified Plaintiff Fact Sheet ("PFS"), Defendants must complete and serve this DFS on each Plaintiff's counsel identified in the PFS. Defendants will not be required to serve a DFS on each Plaintiff's counsel until Plaintiff supplies a substantially complete PFS, which must provide all of the information requested in Section I of the PFS, including copies of prescription and/or pharmacy records demonstrating use of an olmesartan product (Benicar®, Benicar HCT®, Azor®, or Tribenzor®) as well as medical records and/or a certification under oath demonstrating that he or she sustained "serious gastrointestinal injury, including sprue-like enteropathy, lymphocytic colitis, microscopic colitis, and collagenous colitis." If plaintiff does not presently have contemporaneous medical records demonstrating "serious gastrointestinal injury, including sprue-like enteropathy, lymphocytic colitis, microscopic colitis, and collagenous colitis," then a certification under oath describing same shall be permitted.

I. CASE INFORMATION

This defendant fact sheet pertains to the following case:

Case Name and Docket Number:

_____

II. CONTACTS WITH PRESCRIBING PHYSICIAN(S)

A. Prescribing Physician

1. Please indicate if the Prescribing Physician(s) identified in Section I (C) of the PFS has/have contacted the company through the call or contact centers within the five years before Plaintiff's first prescription for Benicar®, Benicar HCT®, Azor®, or Tribenzor®, through the time Plaintiff stopped using any of the products, by identifying the name and address of the prescribing physician, the date of the contact, the name and address of the recipient, nature of contact, and whether a response was sent.

Prescribing Physician: _____

Date of Contact: _____

Recipient Name and Address:_____

Nature of Contact:_____

Response Sent: ___ Yes ___ No.

B. Consulting Relationships

1. If Plaintiff's Prescribing Physician(s) identified in Section I (C) of the PFS has/have been retained and/or compensated by Defendants as a speaker or consultant relating to any Daiichi or Forest products, please identify whether the Prescribing Physician(s) was/were retained or compensated and the nature of the affiliation.

Prescribing Physician: _____

Compensation: _____

Nature of Affiliation:_____

C. Other Contacts

1. For the Prescribing Physician(s) identified in Section I (C) of the PFS, please identify by name any of the Defendants' Detail Representatives

("Representative") who called on the Prescribing Healthcare Provider(s) in the five years before Plaintiff's first prescription for Benicar®, Benicar HCT®, Azor®, or Tribenzor®, through the time Plaintiff stopped using any of the products, and attach the call notes that related in any way to Benicar®, Benicar HCT®, Azor®, or Tribenzor®.

Prescribing Physician: _____

Detail Representative:_____

Company Name: _____

Current or Former Employee:_____

2. For the five-year time period before Plaintiff's first prescription for Benicar®, Benicar HCT®, Azor®, or Tribenzor® through the time Plaintiff stopped using any of the products, have Defendants or their representatives provided any olmesartan product samples to Plaintiff's Prescribing Physician(s) identified in Section I (C) of the PFS?

To be answered only if Plaintiff answers in the affirmative to Section I of the PFS.

Yes _____ No _____ Not Applicable _____

a. If the answer is "Yes," for the Prescribing Physician(s) identified in Section I (C) of the PFS who received the samples, state: the dates on which such samples were provided; the amount, and dosage of such samples; and the name of the Representative(s) who provided the samples.

Prescribing Physician: _____

Dates Samples Provided:_____

Product, Amount and Dosage: _____

Detail Representative:_____

III. INFORMATION REGARDING THE PLAINTIFF

A. Have you been contacted through the call or contact centers by Plaintiff, or anyone acting on behalf of Plaintiff (other than Plaintiff's counsel)?

Yes _____ No _____ Don't Know _____

1. If yes, please state the name of the person(s) who contacted you and the name and address of the person(s) who responded to the contact on your behalf, and produce any documents relating to the contact or response.

B. Please produce a copy of any MedWatch form which relates to the Plaintiff. Any MedWatch form produced shall be redacted as necessary per federal law.

C. If you contend that any person, entity, medical condition, food, medication, or product, other than the Defendants and the Olmesartan Product(s) is a cause of the plaintiff's injuries ("Alternate Cause") (to be provided with Defendants' expert reports):

1. Identify the Alternate Cause with specificity.

2. Set forth the date(s) and mechanism of alternate causation.

DEFENDANT'S CERTIFICATION

I am employed by _____, one of the Defendants in this litigation. I am authorized by _____ [names of other Defendants] to execute this certification on each corporation's behalf. I hereby certify that the information provided in the accompanying Response to Defendants' Fact Sheet is not within my personal knowledge, but the facts stated therein have been assembled by authorized employees and counsel, upon which I relied. I hereby certify, in my authorized capacity, that the responses to the aforementioned Defendants' Fact Sheet are true and complete to the best of my knowledge on information and belief.

_____

Name:

Date: _____