

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY**

IN RE: INVOKANA (CANAGLIFLOZIN) :
PRODUCTS LIABILITY LITIGATION : **MDL NO. 2750**
: **JUDGE BRIAN R. MARTINOTTI**
: **JUDGE LOIS H. GOODMAN**
_____ :

Document Relates to [INSERT CASE NAME AND NUMBER]

INJURY PROFILE FORM: DIABETIC KETOACIDOSIS

Name: _____ DOB: _____
Plaintiff's Firm: _____ SSN: _____

Date of 1st Invokana¹ Use: _____ Bates/Page #²: _____
Date(s) of DKA event: _____ Bates/Page #: _____

Did Plaintiff's DKA event occur prior to December 4, 2015?
 Yes.
 No.

Please confirm that Plaintiff was taking Invokana as prescribed or as provided with samples at the time of his/her DKA event:
 Yes, Plaintiff was taking Invokana as prescribed or as provided through samples at the time of the DKA event.
 No.

Please identify the type of records Plaintiff has submitted contemporaneously herewith to support proof of Plaintiff's Invokana use and proof of Plaintiff's diabetic ketoacidosis event:
 Pharmacy | Hospital | Prescriber | Endocrinology | PCP

[Continued to Next Page]

¹ "Invokana" is defined to include Invokana, Invokamet and Invokamet XR.

² In lieu of providing a Bates reference, Plaintiff may provide either: (a) a reference to the relevant PDF and PDF page number; or (b) annotated versions of the records produced with highlighting, annotation or bookmarks calling out the relevant information.

Records Produced Supporting Invokana Use

<input type="checkbox"/> Pharmacy, insurance, prescriber records, or patient assistance program records showing patient was prescribed Invokana (Bates/Page #: _____);
<input type="checkbox"/> Pharmacy, insurance, hospital records, or patient assistance program records showing use of Invokana at to the time of the DKA event <i>or</i> proof that Plaintiff had and was taking Invokana samples at the time of the DKA event (Bates/Page #: _____);
<u>Diabetes Type:</u> <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes (Bates/Page #: _____)
<input type="checkbox"/> Pharmacy records documenting an actual fill of an Invokana prescription in the 4-week period prior to Plaintiff's DKA event (or 12-week period, for a 90-day prescription), or proof that Plaintiff was taking Invokana samples at the time of the DKA event (Bates/Page #: _____)

Records Produced Supporting DKA Event

<input type="checkbox"/> Confirmed DKA diagnosis (Bates/Page #: _____)
<input type="checkbox"/> Identify the relevant serum pH values here: _____ (Bates/Page #: _____)
<input type="checkbox"/> Identify the relevant CO2/HCO3 values here: _____ (Bates/Page #: _____)
<input type="checkbox"/> Identify the relevant anion gap values here: _____ (Bates/Page #: _____)
<input type="checkbox"/> Identify the relevant serum ketones values (β -hydroxybutrate or acetone) here: _____ (Bates/Page #: _____)
<input type="checkbox"/> Identify the relevant urine ketones values here: _____ (Bates/Page #: _____)

Severity of Injury

Length of hospitalization: <input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-6 days <input type="checkbox"/> 7+ days <input type="checkbox"/> 20+ days
<input type="checkbox"/> Encephalopathy (dates): _____ (Bates/Page #: _____)
<input type="checkbox"/> Respiratory failure w/ intubation (dates): _____ (Bates/Page #: _____)
<input type="checkbox"/> Dialysis (dates): _____ (Bates/Page #: _____)
<input type="checkbox"/> Acute kidney injury / renal failure (dates): _____ (Bates/Page #: _____)
<input type="checkbox"/> DKA-related death (death certificate <u>must</u> be produced).

Medical Condition at Time of DKA Event

<input type="checkbox"/> Underlying infection or illness: _____ (Bates/Page #: _____)
<input type="checkbox"/> Major trauma, surgery, or cardiovascular event in week prior to DKA event (type and dates): _____ (Bates/Page #: _____)
<input type="checkbox"/> Chronic alcohol abuse: _____(Bates/Page #: _____)
<input type="checkbox"/> Chronic drug abuse: _____(Bates/Page #: _____)
<input type="checkbox"/> Strenuous physical activity or exercise preceding DKA: _____ (Bates/Page #: _____)

ATTESTATION

The undersigned have reviewed and completed this Injury Profile Form in good faith.

Date: _____ [INSERT PLAINTIFF NAME]

Date: _____ [INSERT ATTORNEY NAME & FIRM INFORMATION]