

**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 NAME AND CASE NUMBER]

INJURY PROFILE FORM: ACUTE KIDNEY INJURY

Name: _____ DOB: _____
Plaintiff's Firm: _____ SSN: _____
Date of 1st Invokana¹ Use: _____ Bates/Page #²: _____
Date(s) of AKI³ event: _____ Bates/Page #: _____

Did Plaintiff's AKI event occur prior to May 20, 2016?

- Yes.
 No.

Please confirm that Plaintiff was taking Invokana as prescribed or as provided with samples at the time of his/her AKI event:

- Yes, Plaintiff was taking Invokana as prescribed or as provided through samples at the time of the AKI 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 AKI event:

- Pharmacy | Hospital | Prescriber | Endocrinology | Nephrology | PCP

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.

³ "AKI" is defined as acute kidney injury.

Records Produced Supporting Invokana Use and Injury

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

Medical Condition at Time of AKI Event

<input type="checkbox"/> Prior diagnosis of chronic kidney disease:_____ (Bates/Page #:_____)
<input type="checkbox"/> Prior history of impaired kidney function or kidney damage: _____ (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]