

**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: AMPUTATION

Name: _____ DOB & SSN: _____
Date of 1st Invokana¹ Use _____ Bates/Page #²: _____
Date(s) of Amputation(s): _____ Bates/Page #: _____

Did Plaintiff's amputation occur prior to July 25, 2017?

- Yes.
 No.

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

- Yes, Plaintiff was taking Invokana as prescribed or as provided through samples at the time of his/her amputation.
 No.

Please identify the type of amputation:

| | |
|--------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Toe(s) | <input type="checkbox"/> Entire Foot (or at ankle) |
| <input type="checkbox"/> Trans-metatarsal or mid-foot/partial foot | <input type="checkbox"/> Below-the-knee |
| | <input type="checkbox"/> Above-the-knee |

[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.

Please identify the type of records Plaintiff has submitted contemporaneously herewith to support proof of Plaintiff's Invokana use and proof of Plaintiff's amputation event:

- Pharmacy | Hospital | Prescriber
- Endocrinology | Podiatrist | PCP Orthopedic Surgeon

Records Produced Supporting Invokana Use and Injury

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Pharmacy, prescriber, insurance, or patient assistance records showing patient was prescribed Invokana and/or provided with samples of Invokana (Bates/Page #: _____); |
| <input type="checkbox"/> Pharmacy, prescriber, hospital, insurance, or patient assistance program records show use of Invokana at the time of the amputation or at the time the healthcare provider made the decision to amputate (Bates/Page #: _____); |
| <input type="checkbox"/> Plaintiff underwent an actual amputation procedure (Bates/Page #: _____); |
| Diabetes Type: <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes |
| <input type="checkbox"/> Pharmacy records documenting an actual fill of an Invokana prescription in the 4-week period prior to Plaintiff's amputation (or 12-week period, for a 90-day prescription), or proof that Plaintiff was taking Invokana samples at the time of the amputation (Bates/Page #: _____). |

Additional Information

Date Plaintiff was first diagnosed with diabetes: _____ (Bates/Page #: _____)

Age when Plaintiff first started taking Invokana: _____ (Bates/Page #: _____)

Age when Plaintiff underwent amputation: _____ (Bates/Page #: _____)

Last blood pressure reading prior to Plaintiff first taking Invokana (including date):
_____ (Bates/Page #: _____)

Last blood pressure reading prior to amputation (including date):
_____ (Bates/Page #: _____)

Last high-density lipoprotein (HDL) cholesterol level prior to Plaintiff first taking Invokana (including date): _____ (Bates/Page #: _____)

Last high-density lipoprotein (HDL) cholesterol level prior to amputation (including date):
_____ (Bates/Page #: _____)

Was Plaintiff a smoker when Plaintiff first started taking Invokana? _____ (Bates/Page #: _____)

Was Plaintiff a smoker at time of amputation? _____ (Bates/Page #: _____)

Did Plaintiff suffer from microalbuminuria or macroalbuminuria prior to taking Invokana?
_____ (Bates/Page #: _____)

Did Plaintiff suffer from microalbuminuria or macroalbuminuria prior to amputation?
_____ (Bates/Page #: _____)

Records Produced Supporting Additional Information Regarding Plaintiff

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Patient required multiple amputations (Bates/Page #:_____) |
| <input type="checkbox"/> Patient required revision surgery (Bates/Page #:_____) |
| <input type="checkbox"/> Hx of amputations and/or foot ulcers/infections prior to Invokana use (Bates/Page #:_____) |
| <input type="checkbox"/> Hx of peripheral vascular or peripheral arterial disease prior to Invokana use and/or prior to amputation (Bates/Page #:_____) |
| <input type="checkbox"/> Hx of Charcot foot or other foot/toe deformity (i.e. hammertoe, Equinus, etc.) (Bates/Page #:_____) |
| <input type="checkbox"/> Hx of heart attack or stroke predating Invokana use and/or amputation (Bates/Page #:_____) |
| <input type="checkbox"/> Hx of coronary artery disease or coronary artery bypass grafting prior to Invokana use and/or amputation (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]