UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

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| **IN RE: TESTOSTERONE REPLACEMENT****THERAPY PRODUCTS LIABILITY****LITIGATION** | **Case No. 1:14-CV-01748****MDL 2545** |
| **This document relates to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **JUDGE MATTHEW F. KENNELLY.** |

PLAINTIFF PROFILE FORM (“PPF”)

Please provide the following information for each individual on whose behalf a claim is being made. If you are completing this questionnaire in a representative capacity, please respond to all questions with respect to the person who was treated with Testosterone Replacement Therapy (“TRT”). Those questions using the term “**You**” refer to the person who was treated with TRT.

If you do not have enough room on this form to fit your complete response to any question or request, please either complete that response on a supplemental page, or on additional copies of pages for which you need more room.

This PPF includes questions that were previously asked in the Plaintiff Fact Sheet (“PFS”) under CMO 9. A grid identifying each previously asked question and its corresponding PFS counterpart is attached hereto as Exhibit 1. If you previously responded to these questions in the PFS, and your responses remain unchanged, you may refer back to the corresponding section of the PFS as your answer to the specific questions below herein.

1. Plaintiff’s Name: \_

2. Name of Person completing this Form (if different than Plaintiff): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Plaintiff’s DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Named Defendant(s) in the Plaintiff’s Case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Plaintiff Law Firm Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. TRT USAGE**

1. Please indicate whether you used the following TRT products prior to the date of your alleged TRT-related injury.

|  |  |  |
| --- | --- | --- |
| **TRT Product** | **Yes/No/Cannot recall** | **How was TRT dispensed and/or obtained (pharmacy, samples, other means). List all that apply, and state name/address of the pharmacy of the dispensing facility** |
| Androderm |  |  |
| AndroGel |  |  |
| Axiron |  |  |
| Delatestryl |  |  |
| Depo-Testosterone |  |  |
| Fortesta |  |  |
| Striant |  |  |
| Testim |  |  |
| Testopel |  |  |
| Other (including over-the-counter), provide name(s) of product(s):\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

Identify any other relevant information to support and/or identify how you obtained your TRT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B. Produce all records or other information that documents that you or someone on your behalf was dispensed prescriptions and/or samples of the TRT products used by you prior to the date of your alleged TRT-related injuries (this information may include, but is not limited to, pharmacy records, prescription records, personal notes, medical records and/or sworn statements from prescribing healthcare provider or any other healthcare providers).

C. For each TRT product identified in your response to Section I.A., above, please state the following:

|  |  |  |
| --- | --- | --- |
| TRT Product | Beginning and end dates of use (approx.) | Dates of any gaps in use |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**II. PLAINTIFF’S INJURIES ATTRIBUTABLE TO TRT USE**

1. Please indicate whether you allege any of the following injuries which you attribute to your use of testosterone replacement therapy products (“TRT products”).

|  |  |  |
| --- | --- | --- |
| **Alleged Injury** | **Yes/No** | **If yes, provide the date of injury** |
| MI (Myocardial Infarction) |  |  |
| CVA (Embolic stroke/TIA) |  |  |
| DVT (Deep Vein Thrombosis) |  |  |
| PE (Pulmonary Embolism) |  |  |
| Other (Please specify): |  |  |

B. Produce medical records that show your TRT-related injury (e.g., hospital discharge summary).

**III. DETAILS REGARDING WRITTEN PRODUCT INFORMATION**

A. For each TRT product identified in your response to Section II, please state the following:

|  |  |  |  |
| --- | --- | --- | --- |
| TRT Product | Did Plaintiff receive the Package Insert or Medication Guide?  | Did Plaintiff receive a product brochure? | Did Plaintiff receive any other written product information? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

B. If you are still in possession of the above information, please produce it to your lawyer for production in this case. Produce all written product information in your possession.

**IV. DETAILS REGARDING MARKETING**

A. A description of each TRT advertisement Plaintiff allegedly saw, read or heard, including the name of any TRT product mentioned in the advertisement, the form of the media (e.g. brochure, magazine, TV, radio, website; etc.) of the advertisement, and the dates when the advertisement was seen, read, or heard.

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**DECLARATION**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that all of the information provided and in connection with this Plaintiff Profile Form is true and correct to the best of my knowledge information and belief at the present time.

Further, I acknowledge that I have an obligation to supplement the above responses if I become aware of additional responsive information, or if I learn that they are in some material respects incomplete or incorrect:

Date:

 Signature

 Print Name

**EXHIBIT 1**

|  |  |
| --- | --- |
| **TRT Plaintiff Profile Form Question** | **Corresponding Section of the TRT Plaintiff Fact Sheet** |
| Question I(A) | Section VII(C) |
| Question I(B) | Section XII(3) |
| Question I(C) | Sections: VII(A); VII(B); and VII(C) |
| Question II(A)  | Sections: VIII(A) and VIII(B) |
| Question II(B) | Section XII(3) |
| Question III(A) | Section VII(F) |
| Question III(B) | Section XII(5) |
| Question IV(A) | Sections: VII(N); VII(O); and VII(P)  |