II. CLAIM INFORMATION

IF YOU ARE MAKING A CLAIM IN THIS LAWSUIT ALLEGING DAMAGES AND/OR INJURIES ARISING FROM THE IMPLANTATION OF MORE THAN ONE BARD IMPLANTED PORT CATHETER PRODUCT ("PRODUCT"), YOU MUST FILL OUT SECTION II "CLAIM INFORMATION" IN ITS ENTIRETY FOR EACH SUCH PRODUCT.

19. Date of implant: _____

Lot number: _____

Product Code: _____

Model name: _____

Date of last treatment/access of the Product: _____

Date of removal: _____

20. Describe Your understanding of Your medical condition at the time You received the Bard Implanted Port Catheter Product and why You received the product:

_____

21. For each failure mode alleged in Section 4 of Your Profile Form state the following:
The date you first believed that the complication was related to Your Bard Implanted Port Catheter Product and how you came to that belief. If the aforesaid belief was based on the statement(s) of another individual, specifically identify the individual who made such statement(s) and provide that persons or people's full name(s) and address and the date the communication was made.

_____

22. Describe any written and/or verbal information or instructions regarding the Bard Implanted Port Catheter Product that You received:

23. For the information or instructions regarding the Bard Implanted Port Catheter Product that You received:

(a) Provide the date You received the written and/or verbal information or instructions:

(b) Identify by name and address the person(s) who provided the information and instructions:

(c) What information or instructions did You receive?

(d) If You have copies of the written information or instructions You received, please upload copies to MDL Centrality.

(e) Were You told of any potential complications associated with the implant of a Bard Implanted Port Catheter Product? Yes/No/Don't Know:_____

(f) If yes to (e), by whom?

(g) If yes to (e), what potential complications were described to You?

24. Do You claim that You suffered bodily injuries as a result of the implantation of the Bard Implanted Port Catheter Product?

Yes/No:_____

If Yes:

(a) To the best of Your knowledge and recollection, has any health care provider ever told You orally or in writing that any symptoms related to bodily injury are related to the Bard Implanted Port Catheter Product?

Yes/No:_____

If Yes, please state the name and address of any such health care provider, as well as provide the approximate date the statement was made, and provide the details of the communication:

(b) Are You currently experiencing symptoms related to Your claimed bodily injuries?

Yes/No:_____

If Yes, please describe Your symptoms in detail:

(c) When was the first time You experienced symptoms of any of the bodily injuries You claim in Your lawsuit to have resulted from the Bard Implanted Port Catheter Product?

(d) Are You currently seeing, or have You ever seen, a doctor or healthcare provider for any of the bodily injuries or symptoms listed above?

Yes/No:_____

If Yes, please list in chronological order of treatment all doctors or healthcare providers You have seen for treatment of any of the bodily injuries You have listed above.

Provider Name and Address	Condition Treated	Approximate Dates of Treatment
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		

Provider Name and Address	Condition Treated	Approximate Dates of Treatment
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		

(e) Were You hospitalized at any time for the bodily injuries You listed above?

Yes/No:_____

If Yes, please provide the following:

Hospital Name and Address	Condition Treated	Approximate Dates of Treatment
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		
Name: Street: City: State: Zip:		

(f) Identify by name and address the doctor(s), nurse(s), hospital(s), or other healthcare provider(s) who accessed your Bard Implanted Port Catheter Product and provide the approximate date(s) for each such occurrence:

Approximate Date(s)/Date Range(s)	Doctor or Healthcare Provider Involved (including address)
	Doctor/HCP: Street: City: State: Zip:
	Doctor/HCP: Street: City: State: Zip:
	Doctor/HCP: Street: City: State: Zip:
	Doctor/HCP: Street: City: State: Zip:
	Doctor/HCP: Street: City: State: Zip:
	Doctor/HCP: Street: City: State: Zip:

(g) Identify by name and address the doctor(s), nurse(s), hospital(s), or other healthcare provider(s) who flushed or otherwise maintained your Bard Implanted Port Catheter Product and provide the approximate date(s) for each:

Approximate Date(s)/Date Range(s)	Doctor or Healthcare Provider Involved (including address)
	Doctor/HCP: Street: City: State: Zip:
	Doctor/HCP: Street: City: State: Zip:
	Doctor/HCP: Street: City: State: Zip:
	Doctor/HCP: Street: City: State: Zip:
	Doctor/HCP: Street: City: State: Zip:

25. Are You making a claim for lost wages or lost earning capacity relating to injuries You allege to have been caused by the Bard Implanted Port Catheter Product?

Yes/No:_____

(a) If yes, state the annual gross income derived from Your employment for each year, beginning five (5) years prior to the implantation of the Bard Implanted Port Catheter Product until the present:

(b) If yes, for what period of time are You claiming lost wages?

(c) If You are claiming lost earning capacity, do You claim that You have a claim for future lost wages?

Yes/No:_____

If yes, for what period of time do You claim You have lost future wages?

26. Are You making a claim for out-of-pocket expenses? Yes/No:_____

If yes, please identify and itemize all out-of-pocket expenses You have incurred.

27. If anyone filed a loss of consortium claim in connection with Your lawsuit regarding the Bard Implanted Port Catheter Product, state the relationship of that person to You and state the specific nature of the Consortium Plaintiff's claim.

28. If anyone filed a loss of consortium claim in connection with Your lawsuit regarding the Bard Implanted Port Catheter Product, provide the Consortium Plaintiff(s) Social Security Number: _____

29. If anyone filed a loss of consortium claim in connection with Your lawsuit regarding the Bard Implanted Port Catheter Product, please indicate whether the Consortium Plaintiff alleges any of the damages set forth below:

Claims	Yes/No
Loss of services of spouse	
Impaired sexual relations	
Lost wages/lost earning capacity	
Lost out-of-pocket expenses	
Physical injuries	
Psychological injuries/emotional injuries	
Other	

30. Please list the name and address of any healthcare providers the Consortium Plaintiff has sought treatment from for any physical, emotional, or psychological injuries or symptoms alleged to be related to his/her claim.

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31. Have You or anyone acting on Your behalf had any communication, oral or written, with any of the Bard Defendants and/or their representatives regarding Your Bard Implantable Port Product?

Yes/No/Don't Know: _____

(a) If yes, set forth: (i) the date of any communication, (ii) the method of communication, (iii) the name of the person with whom You communicated, and (iv) the substance of the communications.