IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO

In re: DePUY ORTHOPAEDICS, INC., ASR™ HIP IMPLANT PRODUCTS LIABILITY LITIGATION	MDL Docket No. 1:10-md-2197
This Document Relates To: **ALL CASES**	**CASE MANAGEMENT ORDER NO. 5**

I. SCOPE OF THE ORDER

This Order shall apply to all Plaintiffs and their counsel for actions relating to DePuy ASR™ Hip Systems that are currently pending in MDL No. 2197, hereinafter subject to transfer to these proceedings, or that have been or will be filed in the Court (collectively, "the MDL proceedings") and all Defendants and their counsel in the MDL proceedings.

II. PLAINTIFF'S PRELIMINARY DISCLOSURE FORM

1. Each individual Plaintiff shall complete the one-page Plaintiff's Preliminary Disclosure Form, attached as Exhibit A, within thirty (30) days of the date of this Order or within thirty (30) days of the transfer of any Complaint to this Court. The Plaintiff's Preliminary Disclosure Form shall be served on Plaintiffs' and Defendants' Lead and Liaison Counsel.

2. The Plaintiff's Preliminary Disclosure Form shall be completed by counsel for the Plaintiff. It is not a verified discovery response. Instead, the Form is designed to obtain information on product identification; the status of any revision, if any; and information the Court finds necessary to assess the need for future discovery.

3. Defendant shall respond to the Plaintiff's Preliminary Disclosure Form within forty-five (45) days to provide whether or not Defendant is in possession of any of the material (explanted device, blood, tissue) from revision surgeries identified in Plaintiff's Preliminary Disclosure Form.

s/ David A. Katz

DAVID A. KATZ
U.S. DISTRICT JUDGE

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OHIO

IN RE: DePUY ORTHOPAEDICS, INC., ASR HIP IMPLANT PRODUCTS LIABILITY LITIGATION	))))))	MDL Docket No. 2197 THE HON. DAVID A. KATZ, U.S.D.J. **PLAINTIFF'S PRELIMINARY DISCLOSURE**

Instructions: Please provide the following information for each individual on whose behalf a claim is being made relating to implantation of the DePuy ASR Hip System. When providing names and addresses please provide the full name and full address, including street number, street name, city, state and zip code.

I. CASE INFORMATION			
Caption:		Plaintiff's Attorney & Contact Information:	
Docket No.:			

II. PATIENT PERSONAL INFORMATION			
Name:		Wrongful Death Claim:	Y/N
Address:		Date of Birth:	

III. DEPUY PRODUCT INFORMATION			
Type of Prosthesis:		Product Code/Lot Code:	
Side of Body:	Right / Left / Both (circle one) (Complete one Plaintiff's Preliminary Disclosure form for each implantation surgery involving an ASR product)	Date of Implantation:	
Name and Address of Implanting Surgeon:			
Name and Address of Hospital or Clinic where surgery performed:			
ATTACH MEDICAL RECORDS WITH MANUFACTURER/PRODUCT STICKERS FROM IMPLANTATION SURGERY.			

IV. REVISION SURGERY HAS NOT OCCURRED (Complete this section if revision surgery has not occurred)			
Revision Surgery Scheduled	Y/N	Date of Revision Surgery (if scheduled):	
Imaging Study(ies) Conducted? (eg MRI/CT/ Ultrasound)	Y/N	If yes, list which reports are available:	
Blood Testing Conducted:	Y/N	If yes, lists which reports are available:	

V. REVISION SURGERY HAS OCCURRED (Complete this section if a revision surgery has occurred)			
Date(s) of Revision Surgery:			
Name(s) and Address(es) of Revision Surgeon(s):			
Name(s) and Address(es) of Revision Surgery Hospital(s):			
Manufacturer(s) and Size(s) of Replacement Device(s):			
Are You in Possession of Explant?	Y/N	Location of Explant:	

VI. ADDITIONAL INFORMATION	
Broadspire ID No. (if applicable):	

BY:_____ _____

Attorney for Plaintiff – *INSERT NAME* Dated