

**Defendants' Supplemental Product Identification
Questionnaire to Plaintiff**

Directions: This Supplemental Questionnaire should be completed only by those plaintiffs who responded to Defendants' First Questionnaire to Plaintiff.

N a m e :

(Please include your full first, middle, and last names)

SECTION I - EDUCATION

1. For each rotation or other clinical assignment (*e.g.*, labs) you performed while attending the school(s) you identified in response to Defendants' Questionnaire to Plaintiff, provide the following information in the space below.

[Make additional copies of Question No. 1 if you attended more than one school or participated in more than one rotation.]

a. Name of school: _____

b. Name and address of healthcare or other facility at which rotation or other clinical assignment was performed:

c. Beginning and end date of rotation or other clinical assignment:

d. Description (*e.g.*, pediatrics, operating room, lab):

e. Department for rotation or other clinical assignment:

f. Floor for rotation or other clinical assignment:

g. Supervisor(s):

h. Whether or not you wore latex gloves during the rotation or clinical assignment.

i. Whether or not you were exposed to but did not use latex gloves during the rotation or clinical assignment.

2. For each rotation or other clinical work you performed, provide the following information concerning the latex gloves you used:

[Please make additional copies of Question No. 2 as necessary and complete a separate sheet for each brand of latex glove you used during each rotation. For example, if you used two brands of latex gloves during a particular rotation, complete a separate sheet for each brand of glove.]

a. N a m e o f s c h o o l :

b. Identification of rotation/clinical assignment: _____

(Reference response to Question No. 1.)

c. Manufacturer of latex glove: _____

d. Brand/trade name/model of latex glove: _____

e. Manufacturer/brand name of kit containing latex gloves:

f. Manufacturer/brand name/model of latex gloves in kit identified in 2(e):

g. D a t e s o f u s e :

h. Specific department where you used latex gloves:

i. Average number of uses per day (provide information concerning your personal use):

j. Average duration of use per day (provide information concerning your personal use):

k. C o l o r :

l. S i z e :

m. Length (*i.e.*, wrist, forearm): _____

n. Weight (*i.e.*, light, standard, heavy): _____

o. Packaging:

(i) Box (color, design, writing):

(ii) Outer package (color, design, writing):

(iii) Innerwrap (color, design, writing):

(iv) Package inserts (color, design, writing):

p. Manner in which the gloves were dispensed (*i.e.*, from box dispensers, sealed packages, etc.):

q. Physical characteristics of particular latex glove (circle applicable entries):

(1)	Sterile	Nonsterile	
(2)	Surgical	Examination	O t h e r
(3)	Powdered	Powder-free	
(4)	Ambidextrous	Hand-Specific (right/left)	
(5)	Cuffed	Uncuffed	
(6)	Beaded (<i>i.e.</i> , rolled) Cuff	No Bead on Cuff	

type _____

(7) Textured Untextured

(8) Lined Unlined

r. If the glove was textured, describe the texture:

s. If the glove was lined, describe the lining material:

t. Additional identifying characteristics (describe):

3. Produce copies of any documents (except your medical records) which support your use of the latex glove(s) identified or described in response to Question No. 2.

4. Identify those person(s) with whom you had regular contact at each rotation or clinical assignment who may be able to corroborate your use of the latex glove(s) at each rotation or clinical assignment listed in your answer to Question No. 2. State whether such person(s) participated in the same rotation or clinical assignment as you.

5. State whether or not the information you provided in response to Question No. 2 is based wholly on your personal recollection. If you obtained information

from other sources (*i.e.*, friends, co-workers, health care facilities, hospital purchasing agent(s), manager(s) of central supply) to respond to Question No. 2, identify the other sources of information and describe the information provided to you. Produce for inspection and copying all documents obtained from these sources.

[Your response to this question should include any information collected by you concerning the latex gloves provided for use by your school(s) and employer(s), where applicable.]

6. For each rotation or other clinical work you performed, provide the following information concerning the latex gloves you did not use but were exposed to:

[Please make additional copies of Question No. 6 as necessary and complete a separate sheet for each brand of latex glove you did not use but were exposed to during each rotation. For example, if you were exposed to two brands of latex gloves during a particular rotation, complete a separate sheet for each brand of glove.]

a. N a m e o f s c h o o l :

b. Identification of rotation/clinical assignment: _____

—

(Reference response to Question No. 1.)

c. Manufacturer of latex glove: _____

d. Brand/trade name/model of latex glove: _____

e. Manufacturer/brand name of kit containing latex gloves:

f. Manufacturer/brand name/model of latex gloves in kit identified in 6(e):

g. D a t e s o f e x p o s u r e :

h. Specific department where you were exposed to latex gloves:

i. Average duration of exposure(s) per day:

j. Packaging:

(i) Box (color, design, writing):

(ii) Outer package (color, design, writing):

(iii) Innerwrap (color, design, writing):

(iii) Package inserts (color, design, writing):

k. Manner in which the gloves were dispensed (*i.e.*, from box dispensers, sealed packages, etc.):

l. Physical characteristics of particular latex glove (circle applicable entries):

- | | | | |
|-------|--|----------------------------|------------|
| (1) | Sterile | Nonsterile | |
| (2) | Surgical | Examination | Other type |
| <hr/> | | | |
| (3) | Powdered | Powder-free | |
| (4) | Ambidextrous | Hand-Specific (right/left) | |
| (5) | Cuffed | Uncuffed | |
| (6) | Beaded (<i>i.e.</i> ,
rolled) Cuff | No Bead on Cuff | |
| (7) | Textured | Untextured | |
| (8) | Lined | Unlined | |

m. If the glove was textured, describe the texture:

n. If the glove was lined, describe the lining material:

o. Additional identifying characteristics (describe):

7. Produce copies of any documents (except your medical records) which support your claim of exposure (but not use) to the latex glove(s) identified or described in response to Question No. 6.

8. Identify those person(s) with whom you had regular contact at each rotation or clinical assignment who may be able to corroborate your exposure (but not use) to the latex glove(s) at each rotation or clinical assignment listed in your answer to Question No. 6. State whether such person(s) participated in the same rotation or clinical assignment as you. State whether such person(s) wore latex gloves in your immediate vicinity.

9. State whether or not the information you provided in response to Question No. 6 is based wholly on your personal recollection. If you obtained information from other sources (*i.e.*, friends, co-workers, health care facilities, hospital purchasing agent(s), manager(s) of central supply) to respond to Question No. 6, identify the other sources of information and describe the information provided to you. Produce for inspection and copying all documents obtained from these sources.

[Your response to this question should include any information collected by you concerning the latex gloves provided for use by your school(s) and employer(s), where applicable.]

SECTION II - EMPLOYMENT HISTORY

A. Current Employment:

(Your answer should include full, part-time and self employment.)

Check this box if you are not currently employed.

10. Provide the following information for each latex glove you use or used at your current employer:

[Please make additional copies of Question No. 10 as necessary and complete a separate sheet for each latex glove you used at this institution. For example, if you used two brands of latex gloves at this institution, complete a separate sheet for each brand of glove.]

a. Name of employer: _____

b. Manufacturer of latex glove: _____

c. Brand / trade name / model of latex glove: _____

d. Manufacturer/brand name of kit containing latex gloves:

e. Manufacturer/brand name/model of latex gloves in kit identified in 10(d):

f. Dates of use: _____

g. Specific department where you used latex gloves:

h. Average number of uses per day (provide information concerning your personal use):

i. Average duration of use per day (provide information concerning your personal use):

j. Color:

k. Size:

l. Length (*i.e.*, wrist, forearm):

m. Weight (*i.e.*, light, standard, heavy):

n. Packaging:

(i) Box (color, design, writing):

(ii) Outer package (color, design, writing):

(iii) Innerwrap (color, design, writing):

(iv) Package inserts (color, design, writing):

- o. Manner in which the gloves were dispensed (*i.e.*, from box dispensers, sealed packages, etc.):

p. Physical characteristics of particular latex glove (circle applicable entries):

- | | | | |
|-----------|--|----------------------------|-----------|
| (1) | Sterile | Nonsterile | |
| (2) | Surgical | Examination | O t h e r |
| type_____ | | | |
| (3) | Powdered | Powder-free | |
| (4) | Ambidextrous | Hand-Specific (right/left) | |
| (5) | Cuffed | Uncuffed | |
| (6) | Beaded (<i>i.e.</i> ,
rolled) Cuff | No Bead on Cuff | |
| (7) | Textured | Untextured | |
| (8) | Lined | Unlined | |

- q. If the glove was textured, describe the texture:

-
- r. If the glove was lined, describe the lining material:

-
- s. Additional identifying characteristics (describe):
-

11. Produce copies of any documents (except your medical records) which contain information concerning your use of the latex glove(s) identified or described in response to Question No. 10.

12. Identify those person(s) with whom you had regular contact in your current employment who may be able to corroborate your use of latex glove(s) at this institution. State whether such person(s) work in the same department as you.

13. State whether or not the information provided in response to Question No. 10 is based wholly on your personal recollection. If you obtained information from other sources (*i.e.*, friends, co-workers, health care facilities, hospital purchasing agent(s), manager(s) of central supply) to respond to Question No. 10, identify the sources of information and describe the information provided to you. Produce for inspection and copying all documents obtained from these sources.

[Your response to this question should include any information collected by you concerning the latex gloves provided for use by your employer.]

14. Provide the following information for each latex glove you did not use but were exposed to at your current employer:

[Please make additional copies of Question No. 14 as necessary and complete a separate sheet for each latex glove you did not use but were exposed to at this institution. For example, if you were exposed to two brands of latex gloves at this institution, complete a separate sheet for each brand of glove.]

a. M a n u f a c t u r e r o f l a t e x glove: _____

b. B r a n d / t r a d e n a m e / m o d e l o f l a t e x glove: _____

c. Manufacturer/brand name of kit containing latex gloves:

d. Manufacturer/brand name/model of latex gloves in kit identified in 14(c):

e. D a t e s o f exposure: _____

f. Specific department where you were exposed to latex glove:

g. Average duration of exposure(s) per day:

h. Packaging:

(i) Box (color, design, writing):

(ii) Outer package (color, design, writing):

(iii) Innerwrap (color, design, writing):

(iv) Package inserts (color, design, writing):

i. Manner in which the gloves were dispensed (*i.e.*, from box dispensers, sealed packages, etc.):

j. Physical characteristics of particular latex glove (circle applicable entries):

(1)	Sterile	Nonsterile	
(2)	Surgical	Examination	O t h e r
type_____			
(3)	Powdered	Powder-free	
(4)	Ambidextrous	Hand-Specific (right/left)	
(5)	Cuffed	Uncuffed	
(6)	Beaded (<i>i.e.</i> , rolled) Cuff	No Bead on Cuff	
(7)	Textured	Untextured	
(8)	Lined	Unlined	

k. If the glove was textured, describe the texture:

l. If the glove was lined, describe the lining material:

m. Additional identifying characteristics (describe):

15. Produce copies of any documents (except your medical records) which contain information concerning your claim of exposure (but not use) to the latex glove(s) identified or described in response to Question No. 14.

16. Identify those person(s) with whom you had regular contact in your current employment who may be able to corroborate your exposure (but not use) to latex glove(s) at this institution. State whether such person(s) work in the same department as you. State whether such person(s) wear latex gloves in your immediate vicinity.

17. State whether or not the information provided in response to Question No. 14 is based wholly on your personal recollection. If you obtained information from other sources (*i.e.*, friends, co-workers, health care facilities, hospital purchasing agent(s), manager(s) of central supply) to respond to Question No. 14, identify the sources of information and describe the information provided to you. Produce for inspection and copying all documents obtained from these sources.

[Your response to this question should include any information collected by you concerning the latex gloves provided for use by your employer.]

B. Prior Employment

(Your answers should include full, part-time employment and self-employment.)

18. For each prior employer identified in response to Defendants' Questionnaire to Plaintiff, provide the following information for each latex glove you used at each institution:

[Please make additional copies of Question Nos. 18-21 as necessary and complete a separate sheet for each latex glove you used at each institution. For example, if you used two brands of latex gloves at an institution, complete a separate sheet for each brand of glove.]

- a. Prior employer: _____
- b. M a n u f a c t u r e r o f l a t e x glove: _____
- c. B r a n d / t r a d e n a m e / m o d e l n a m e o f l a t e x glove: _____
- d. Manufacturer/brand name of kit containing latex gloves:
-
- e. Manufacturer/brand name/model of latex gloves in kit identified in 18(d):
-
- f. D a t a t e s o f use: _____
- g. Specific department where you used latex gloves:
-
- h. Average number of uses per day (provide information concerning your personal use):

i. Average duration of use per day (provide information concerning your personal use):

j. C o l o r :

k. S i z e :

l. Length (*i.e.*, wrist, forearm):

m. Weight (*i.e.*, light, standard, heavy):

n. Packaging:

(i) Box (color, design, writing):

(ii) Outer package (color, design, writing):

(iii) Innerwrap (color, design, writing):

(iv) Package inserts (color, design, writing):

o. Manner in which the gloves were dispensed (*i.e.*, from box dispensers, sealed packages, etc.):

p. Physical Characteristics of particular latex glove (circle applicable entries):

- | | | | |
|-----------|--|----------------------------|-----------|
| (1) | Sterile | Nonsterile | |
| (2) | Surgical | Examination | O t h e r |
| type_____ | | | |
| (3) | Powdered | Powder-free | |
| (4) | Ambidextrous | Hand-Specific (right/left) | |
| (5) | Cuffed | Uncuffed | |
| (6) | Beaded (<i>i.e.</i> ,
rolled) Cuff | No Bead on Cuff | |
| (7) | Textured | Untextured | |
| (8) | Lined | Unlined | |

q. If the glove was textured, describe the texture:

r. If the glove was lined, describe the lining material:

s. Additional identifying characteristics (describe):

19. Produce copies of any documents (except your medical records) which contain information concerning your use of the latex glove(s) identified or described in response to Question No. 18.

20. Identify the person(s) with whom you had regular contact at each prior employer who may be able to corroborate your use of latex gloves at each institution identified or described in response to Question No. 18. State whether such person(s) worked in the same department as you.

21. State whether or not the information provided in response to Question No. 18 was based wholly on your personal recollection. If you obtained information from other sources (*i.e.*, friends, co-workers, health care facilities, hospital purchasing agent(s), manager(s) of center supply) to respond to Question No. 18, identify the other sources of information and describe the information provided to you. Produce for inspection and copying all documents obtained from these sources.

[Your response to this question should include any information collected by you concerning the latex gloves provided for use by your employers.]

22. Provide the following information for each latex glove you did not use but were exposed to at each prior employer identified in response to Defendants' Questionnaire to Plaintiff:

[Please make additional copies of Question Nos. 22-25 as necessary and complete a separate sheet for each latex glove you did not use but were exposed to at each institution. For example, if you were exposed to two brands of latex gloves at an institution, complete a separate sheet for each brand of glove.]

- a. Name of prior employer: _____
- b. M a n u f a c t u r e r o f l a t e x glove: _____
- c. B r a n d / t r a d e n a m e / m o d e l n a m e o f l a t e x glove: _____
- d. Manufacturer/brand name of kit containing latex gloves:

- e. Manufacturer/brand name/model of latex gloves in kit identified in 22(d):

- f. D a t e s o f exposure: _____
- g. Specific department where you were exposed to latex gloves:

- h. Average duration of exposure(s) per day:

- i. Packaging:
 - (i) Box (color, design, writing):

(ii) Outer package (color, design, writing):

(iii) Innerwrap (color, design, writing):

(iv) Package inserts (color, design, writing):

j. Manner in which the gloves were dispensed (*i.e.*, from box dispensers, sealed packages, etc.):

k. Physical Characteristics of particular latex glove (circle applicable entries):

	(1) Sterile	Nonsterile	
type_____	(2) Surgical	Examination	O t h e r
	(3) Powdered	Powder-free	
	(4) Ambidextrous	Hand-Specific (right/left)	
	(5) Cuffed	Uncuffed	
	(6) Beaded (<i>i.e.</i> , rolled) Cuff	No Bead on Cuff	

(7) Textured Untextured

(8) Lined Unlined

1. If the glove was textured, describe the texture:

m. If the glove was lined, describe the lining material:

n. Additional identifying characteristics (describe):

23. Produce copies of any documents (except your medical records) which contain information concerning your exposure (but not use) to the latex glove(s) identified or described in response to Question No. 22.

24. Identify the person(s) with whom you had regular contact at each prior employer who may be able to corroborate your exposure (but not use) to latex glove(s) at each institution identified or described in response to Question No. 22. State whether such person(s) worked in the same department as you. State whether such person(s) wore latex gloves in your immediate vicinity.

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25. State whether or not the information provided in response to Question No. 22 was based wholly on your personal recollection. If you obtained information from other sources (*i.e.*, friends, co-workers, health care facilities, hospital purchasing agent(s), manager(s) of center supply) to respond to Question No. 22, identify the other sources of information and describe the information provided to you. Produce for inspection and copying all documents obtained from these sources.

[Your response to this question should include any information collected by you concerning the latex gloves provided for use by your employers.]

SECTION III - MISCELLANEOUS

26. For any other location (*e.g.*, exposure to latex gloves as a patient, home use of latex gloves) you identified in your response to Defendants' Questionnaire to Plaintiff where you claim you used or were exposed to latex gloves, provide the following information for each location where you used latex gloves:

[Please make additional copies of Question Nos. 26-29 as necessary and complete a separate sheet for each latex glove you used at each location. For example, if you used two brands of latex gloves at a location, complete a separate sheet for each brand of glove.]

a. Name of Location(s):

b. Dates (Month and Year) of use of the latex glove:

c. M a n u f a c t u r e r o f l a t e x g l o v e :

d. Brand/trade name/model of latex glove:

e. Manufacturer/brand name of kit containing latex gloves:

f. Manufacturer/brand name/model of latex gloves in kit identified in 26(e):

g. Description of location where you used this latex glove:

h. Average number of uses per day (provide information concerning your personal use):

i. Average duration of use per day (provide information concerning your personal use):

j. C o l o r :

k. S i z e :

l. Length (*i.e.*, wrist, forearm):

m. Weight (*i.e.*, light, standard, heavy):

n. Packaging:

(i) Box (color, design, writing):

(ii) Outer package (color, design, writing):

(iii) Innerwrap (color, design, writing):

(iv) Package inserts (color, design, writing):

-
- o. Manner in which the gloves were dispensed (*i.e.*, from box dispensers, sealed packages, etc.):
-

p. Physical Characteristics of particular latex glove (circle applicable entries):

- | | | | |
|-----|--|----------------------------|-----------|
| (1) | Sterile | Nonsterile | |
| (2) | Surgical
type_____) | Examination | O t h e r |
| (3) | Powdered | Powder-free | |
| (4) | Ambidextrous | Hand-Specific (right/left) | |
| (5) | Cuffed | Uncuffed | |
| (6) | Beaded (<i>i.e.</i> ,
rolled) Cuff | No Bead on Cuff | |
| (7) | Textured | Untextured | |
| (8) | Lined | Unlined | |

- q. If the glove was textured, describe the texture:
-

- r. If the glove was lined, describe the lining material:
-

- s. Additional identifying characteristics (describe):
-

27. Produce copies of any documents (except your medical records) which support your use of the latex glove(s) identified or described in response to Question No. 26.

28. Identify those person(s) with whom you had regular contact at each location who may be able to corroborate your use of the latex glove(s) identified or described in response to Question No. 26. State whether such person(s) were physically present in the same location as you.

29. State whether or not the information provided in response to Question No. 26 was based wholly on your personal recollection. If you obtained information from other sources (*i.e.*, friends, co-workers, health care facilities, hospital purchasing agent(s), manager(s) of Central Supply) to respond to Question No. 26, identify other sources of information and describe the information provided to you. Produce for inspection and copying all documents obtained from these sources.

[Your response to this question should include any information collected by you concerning the latex gloves provided for use at each location.]

30. Please provide the following information for each location identified in response to Defendants' Questionnaire to Plaintiff where you did not use but were exposed to latex gloves:

[Please make additional copies of Question Nos. 30-33 as necessary and complete a separate sheet for each latex glove you did not use but were exposed to at each location. For example, if you were exposed to two brands of latex gloves at a location, complete a separate sheet for each brand of glove.]

- a. Name of Location(s):

- b. Dates (Month and Year) of exposure to the latex glove:

- c. M a n u f a c t u r e r o f l a t e x g l o v e :

d. Brand/trade name/model of latex glove:

e. Manufacturer/brand name of kit containing latex gloves:

f. Manufacturer/brand name/model of latex gloves in kit identified in 30(e):

g. Description of location where you were exposed to this latex glove:

h. Average duration of exposure(s) per day:

i. Packaging:

(i) Box (color, design, writing):

(ii) Outer package (color, design, writing):

(iii) Innerwrap (color, design, writing):

(iv) Package inserts (color, design, writing):

j. Manner in which the gloves were dispensed (*i.e.*, from box dispensers, sealed packages, etc.):

k. Physical Characteristics of particular latex glove (circle applicable entries):

(1)	Sterile	Nonsterile	
(2)	Surgical	Examination	O t h e r
type_____			
(3)	Powdered	Powder-free	
(4)	Ambidextrous	Hand-Specific (right/left)	
(5)	Cuffed	Uncuffed	
(6)	Beaded (<i>i.e.</i> , rolled) Cuff	No Bead on Cuff	

(7) Textured Untextured

(8) Lined Unlined

l. If the glove was textured, describe the texture:

m. If the glove was lined, describe the lining material:

n. Additional identifying characteristics (describe):

31. Produce copies of any documents (except your medical records) which support your claim of exposure (but not use) to the latex glove(s) identified or described in response to Question No. 30.

32. Identify those person(s) with whom you had regular contact at each location who may be able to corroborate your exposure (but not use) to the latex glove(s) identified or described in response to Question No. 30. State whether such person(s) were physically present in the same location as you. State whether such person(s) wore latex gloves in your immediate vicinity.

33. State whether or not the information provided in response to Question No. 30 was based wholly on your personal recollection. If you obtained information from other sources (*i.e.*, friends, co-workers, health care facilities, hospital purchasing agent(s), manager(s) of Central Supply) to respond to Question No. 30, identify other sources of information and describe the information provided to you. Produce for inspection and copying all documents obtained from these sources.

[Your response to this question should include any information collected by you concerning the latex gloves provided for use at each location.]

VERIFICATION - [READ CAREFULLY]

In accordance with 28 U.S.C. §1746, I, the undersigned, declare under penalty of perjury that the foregoing responses to Defendants' Supplemental Product Identification Questionnaire to Plaintiff are true and correct. I understand that I am bound by these responses and may not be able to supplement them at a later time without good cause. I further understand that failure to identify a latex glove may result in the dismissal of one or more manufacturers or distributors from my lawsuit.

Executed on _____, 19____

Plaintiff's signature

(Type or legibly print name)