

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**IN RE: ZOLOFT (SERTRALINE
HYDROCHLORIDE) PRODUCTS
LIABILITY LITIGATION** : **MDL NO. 2342
12-MD-2342**

: **HON. CYNTHIA M. RUFÉ**

THIS DOCUMENT RELATES TO: :
MDL Case No. _____ :
Case Name: _____ :

INITIAL PLAINTIFF FACT SHEET

A. CASE INFORMATION - Please state the following for the civil action you filed:

1. Case caption: _____
2. Court in which case was originally filed: _____
3. MDL Case Number: _____
4. Principal Attorney name: _____
Firm: _____
Telephone number: _____ Fax number: _____
E-mail address: _____

B. PERSONAL INFORMATION FOR BIRTH PARENTS

1. Mother's Current full name: _____
First Middle Last
2. Mother's other names, including maiden names, nicknames, and aliases, you have used or by which you have been known, and the date(s) of use:

First Middle Last Date(s)

First Middle Last Date(s)
3. Mother's social security number (including any previous SSNs if applicable):

4. Mother's Date of Birth: _____
5. Father's Current full name: _____
First Middle Last

7. **Daycare Facilities or Schools.** For each daycare facility, school or similar facility or institution the Minor Plaintiff has attended, please complete:

Name of daycare, school or institution	Address and telephone number	Dates of attendance

D. FAMILY INFORMATION

1. To your knowledge, have any of the following **biologically-related** relatives of the Minor Plaintiff had a congenital birth defect or abnormality:

Relative	Birth Mother and Father of Relative	Describe Condition
Mother		
Father		
Siblings or half-siblings		
Grandparents		
Aunts and uncles		
First cousins		
Nieces and nephews		

E. ALLEGED INJURIES AND DAMAGES

1. For each injury that you believe the Minor Plaintiff sustained as a result of the Mother Plaintiff's ingestion of Zoloft or sertraline hydrochloride, please provide the following and attach all medical records related to the injuries (you may not rely on your provision of authorizations for records and must either respond fully below or attach all records):

Injury	Date diagnosed	Diagnosing physician and address

2. List each procedure or operation that has been undertaken or scheduled to correct or treat any of the injuries alleged in the immediately preceding section and attach all medical records related to the procedures (you may not rely on your provision of authorizations for records and must either respond fully below or attach all records):

Procedure or operation	Date performed	Performing physician and address

F. HEALTH AND MEDICAL HISTORY FOR MOTHER PLAINTIFF

1. **Zoloft/sertraline hydrochloride – Prescribing Healthcare Providers.** Identify each Healthcare Provider who ever prescribed (or provided samples of) Zoloft or sertraline hydrochloride to the Mother Plaintiff. If you do not know the name of the Healthcare Provider, please identify the Healthcare Facility. Attach additional pages as necessary.

Name and address of Prescribing Healthcare Provider or Facility	Specialty	Dates of prescription

2. **Zoloft Monograph.** If you are asserting any claim based upon any Zoloft patient education monograph information that you received (e.g., a leaflet provided with your prescription or written information provided by your doctor or nurse), either: (a) provide copies of any such information you received, or (b) describe the information, including number of pages, whether it included your name or your healthcare provider’s name, any statements it included that you believe were inaccurate or incomplete, and why you believe Wolters Kluwer Health wrote or published the information.

3. **Healthcare Providers.** Identify each Healthcare Provider (not listed above) with whom the Mother Plaintiff consulted or who examined the Mother Plaintiff for any mental or physical illness, injury, condition, or disability from two years prior to the birth at issue through the birth. If you do not know the name of the Healthcare Provider, please identify the Healthcare Facility. Attach additional pages as necessary.

Name and address of Healthcare Provider or Facility	Specialty

4. **Pharmacies.** Provide the following information for all pharmacies at which the Mother Plaintiff filled prescriptions for medications, specifically including but not limited to those pharmacies at which the Mother Plaintiff filled prescriptions for Zoloft or sertraline hydrochloride, from two years prior to the birth of the Minor Plaintiff through one year after the birth. This includes all drug stores, supermarkets, hospital pharmacies, or any other location from which medications were purchased or obtained. Attach additional pages as necessary (alternatively, provide all pharmacy records described).

Name of Pharmacy	Address	Zoloft Supplied?

5. **Medications.** Please provide the following information for any type of non-prescription medication, drug, or dietary supplement, either prescribed, including vitamins, herbal preparations, and prenatal vitamins (collectively, “Medication”), that the Mother Plaintiff took from two years prior to the Minor Plaintiff’s birth through the birth. Attach additional pages as necessary.

Name of Medication	Name of Medication

6. **Mental Health Issues.** Please provide the following information for the Mother Plaintiff's mental health issues from two years prior to the birth at issue through the birth. Attach additional pages as necessary.

Mental health issue or condition	Date first diagnosed or treated	Diagnosing and/or treating Healthcare Provider(s)	Issue/condition ongoing?

7. **Pregnancies.** For each and every pregnancy the Mother Plaintiff has ever had, regardless of whether the pregnancy resulted in birth, provide the following. Attach additional pages as necessary.

Live Birth?	Date of birth or loss	Weeks at birth/loss	
Were there any complications in pregnancy or birth? (describe)			
Was assisted reproductive technology used? (describe)			
Was the pregnancy terminated due to medical reasons? If so, describe.			
Were any congenital or chromosomal defects diagnosed or suspected in fetus or child? (describe)			

Live Birth?	Date of birth or loss	Weeks at birth/loss	
Were there any complications in pregnancy or birth? (describe)			
Was assisted reproductive technology used? (describe)			
Was the pregnancy terminated due to medical reasons? If so, describe.			
Were any congenital or chromosomal defects diagnosed or suspected in fetus or child? (describe)			

8. **Diabetes** – Was the Mother Plaintiff ever diagnosed with or treated for diabetes?

Yes ___ No ___

If YES, when: _____

Who made the diagnosis: _____

Address: _____

I declare under penalty of perjury that all of the information provided in this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information, and belief, and that I have supplied all the documents requested in this Plaintiff Fact Sheet, to the extent that such documents are in my possession or in the possession of my lawyers, and that I have supplied the authorizations attached to this declaration.

Further, I acknowledge that I have an obligation to supplement the above responses if I learn that they are in some material respects incomplete or incorrect.

Further, by signing below, I waive notice under the Federal Rules of Civil Procedure, or other applicable law or rule, of subpoenas or other requests for production of medical records directed to Healthcare Providers identified in this Plaintiff Fact Sheet.

Plaintiff's Name (Signature)

Date

Plaintiff's Name (Printed)