If yes, how many cigarettes/packs per day? ______________________

Have your smoking habits changed over time? ______________________

2. Have you ever smoked cigarettes? Yes____ No____
   If yes, when did you smoke? ______________________
   How long did you smoke? ______________________

C. Drinking History:
   1. Do you currently drink alcohol (beer, wine, liquor, etc.)? Yes____ No____
      If yes, how many drinks per week/month/year? ___________
   2. During the previous ten (10) years, have you drunk alcohol? Yes____ No____
      If yes, during what period of time did you drink alcohol? _________________
      How many drinks per week did you consume? _________________

D. Medical History: Have you ever been diagnosed with any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Date of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type II diabetes mellitus</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Type I diabetes mellitus</td>
<td></td>
<td></td>
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<tr>
<td>Gestational diabetes</td>
<td></td>
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<tr>
<td>Diabetic coma</td>
<td></td>
<td></td>
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<tr>
<td>Diabetic ketoacidosis (DKA)</td>
<td></td>
<td></td>
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<tr>
<td>Diabetic ketosis</td>
<td></td>
<td></td>
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<tr>
<td>Hyperglycemia (high blood sugar)</td>
<td></td>
<td></td>
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<tr>
<td>Glycosuria/glucosuria (sugar in your urine)</td>
<td></td>
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<tr>
<td>Impaired fasting glucose, pre-diabetes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Insulin resistance</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Metabolic syndrome</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other problems related to blood sugar, glucose, ketones, or insulin</td>
<td></td>
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<tr>
<td>High cholesterol</td>
<td></td>
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<tr>
<td>High blood pressure</td>
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<td></td>
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<tr>
<td>Bladder cancer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other cancer (please specify below)</td>
<td></td>
<td></td>
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<tr>
<td>Type(s) of cancer:</td>
<td></td>
<td></td>
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<tr>
<td>Bladder infection</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Urinary tract infection or blockage</td>
<td></td>
<td></td>
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<tr>
<td>Enlarged prostate</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hyperplasia</td>
<td></td>
<td></td>
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<tr>
<td>Kidney disease</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Kidney stones</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Myocardial infarction</td>
<td></td>
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<tr>
<td>Cerebrovascular disease, including stroke</td>
<td></td>
<td></td>
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<tr>
<td>Coronary artery disease</td>
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</tr>
</tbody>
</table>

10
E. Other than those injuries that you believe were caused by your use of Actos®, do you currently suffer from any physical injuries, illnesses, or disabilities? Yes _____ No _____

If yes, please identify:

The injury, illness, or disability: ________________________________

Date(s) of onset: ________________________________

Date(s) of diagnosis: ________________________________

Name and address of treating physician: ________________________________

VII. Medications

Do you currently take, or have you ever taken, any of the following medications:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
<th>If yes, dose and dates of usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin</td>
<td></td>
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<tr>
<td>Avandia</td>
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<tr>
<td>Rezulin</td>
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<td></td>
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<tr>
<td>Glucophage</td>
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<td></td>
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<tr>
<td>Fortamet</td>
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<tr>
<td>Glyset</td>
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<tr>
<td>Précos</td>
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<td></td>
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<tr>
<td>Prandin (Repaglinide)</td>
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<tr>
<td>Starlix (Nateglinide)</td>
<td></td>
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<tr>
<td>Lispro (Humalog)</td>
<td></td>
<td></td>
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<tr>
<td>DiaBeta (Glyburide)</td>
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<tr>
<td>Glargine/Lantus</td>
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<tr>
<td>Glulinine</td>
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<tr>
<td>Levemir (Detemir)</td>
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<tr>
<td>Glucotrol (Glipizide)</td>
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<tr>
<td>Amaryl (Glimperide)</td>
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<tr>
<td>Dymelor</td>
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<tr>
<td>Glynase/PresTab</td>
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<tr>
<td>Micronase</td>
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<tr>
<td>Orixase</td>
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<td></td>
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<tr>
<td>Tolirase</td>
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<tr>
<td>Symlin (Pramlintide)</td>
<td></td>
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<tr>
<td>Januvia (Sitagliptin)</td>
<td></td>
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<tr>
<td>Byetta (Exenatide)</td>
<td></td>
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<tr>
<td>Other medications used to treat diabetes (specify)</td>
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<tr>
<td>Cyclophosphamide (Cytoxan)</td>
<td></td>
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<tr>
<td>Empirin compound</td>
<td></td>
<td></td>
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<tr>
<td>Ifosfamide (Ifex)</td>
<td></td>
<td></td>
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<tr>
<td>Phenacetin</td>
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<tr>
<td>Aristolochia fangchi</td>
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</tr>
</tbody>
</table>
VIII. Family Medical History

To the best of your knowledge, please indicate whether your parents, siblings, children or grandparents have ever suffered from or been treated for any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>If yes, identify the family relationship(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hyperglycemia</td>
<td></td>
<td></td>
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<tr>
<td>Glucose intolerance</td>
<td></td>
<td></td>
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<tr>
<td>Cancer (If yes, please specify)</td>
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<tr>
<td>Kidney disease</td>
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</tr>
<tr>
<td>Kidney stones</td>
<td></td>
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</tr>
<tr>
<td>Hyperplasia</td>
<td></td>
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<tr>
<td>Enlarged prostate</td>
<td></td>
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</tr>
</tbody>
</table>

IX. Documents

A. Please sign and attach to this Fact Sheet authorizations allowing for release of all records.

B. If completing this Fact Sheet on behalf of a deceased person, please attach the legal documentation establishing that you are the legal representative of the estate and the Decedent’s death certificate and autopsy report (if applicable).

C. Please indicate whether you or your counsel have any of the following materials in your possession by placing a checkmark next to the word “yes” or “no.” If yes, attach a copy of any such documents. In responding, note that Actos® is pioglitazone hydrochloride.

1. Medical records from any physician, hospital or healthcare provider for the previous ten (10) years or five (5) years prior to your first ingestion of Actos®, whichever is longer, to the present. Yes___ No___

2. Pharmacy records for the previous ten (10) years or five (5) years prior to your first ingestion of Actos®, whichever is longer, to the present, including receipts, prescriptions or records of purchase. Yes___ No___

3. Advertisements for Actos® or articles discussing Actos® which you reviewed before and during the time you took Actos®. Yes___ No___

4. The packaging, including the box and label, for Actos® and any remaining medication (plaintiffs must retain the originals of the items requested). Yes___ No___

5. Product use instructions, product warnings, package inserts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of Actos®. Yes___ No___

6. Any other documents or materials that mention Actos®, or any alleged health risks or hazards related to Actos® in your possession at or before the time of the injury alleged in your complaint. Yes___ No___
7. Documents that were provided to you by any of the defendants. Yes___ No___

8. Documents constituting any communications or correspondence between you and any representative of the defendants. Yes___ No___

9. Photographs, drawings, journals, slides, videos, DVDs or any other media relating to your alleged injury or your life after developing the injury that you allege is the result of Actos®. Yes___ No___

10. If you claim you have suffered a loss of earnings or earnings capacity, your W-2s and any other tax records reflecting your income for each of the last five (5) years. Yes___ No___

11. If you claim you have suffered a loss of earnings or earnings capacity, all employment records in your possession, including employment applications, performance evaluations, paychecks and pay stubs for the five (5) years prior to the injury that you associate with Actos® to the present. Yes___ No___

12. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy or other healthcare provider documenting those medical expenses. Yes___ No___

13. If you have been the claimant or subject of any worker’s compensation, Social Security or other disability proceeding, all documents relating to such proceeding that are in your possession. Yes___ No___

14. Journals, diaries, notes, letters, e-mails, tweets, Facebook posts, internet postings, and any other documents written or received by you within the previous ten (10) years which refer to your general health, including any injuries or illness, or which refer to Actos®. Yes___ No___

15. Print-outs of all websites or blogs which are maintained or created by you. Yes___ No___
ATTESTATION

STATE OF ILLINOIS )
COUNTY OF _____________ ) SS.

__________________________, being first duly sworn on oath, deposes and declares under penalty of perjury that he/she is a plaintiff in the above-captioned matter, that he/she has read the foregoing document, and that the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

__________________________ further certifies, under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, that a reasonable search has been conducted for documents requested in Part X of this Plaintiff's Fact Sheet and that, to the best of his/her knowledge, all requested documents in his/her possession and in the possession of his/her attorneys have been produced.

__________________________
SIGNATURE

SUBSCRIBED and SWORN to before me this ___ day of ________________, 201__.

__________________________
NOTARY PUBLIC
EXHIBIT H
AUTHORIZATION FOR RELEASE OF RECORDS

Patient Name: ____________________________________________
Other name(s) used by Patient: ______________________________
DOB: ____________________________________________________
Social Security Number: __________________________________
Case Name: ______________________________________________

Provider Name: __________________________________________
Provider Address: _________________________________________

I hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, pharmacies, educational facilities, former and present employers, insurance providers, including Medicare and Medicaid, Social Security Administration Disability Determination Services, and Department of Workers' Claims, to release all existing medical records and information, relating to the medical care, treatment, physical condition, and documentation of medical expenses revealed by your observation or treatment past, present and future, including records generated by third parties, as well as all educational and employment records regarding Patient to:

Marker Group
13105 Northwest Freeway, Suite 300
Houston, Texas 77040

I understand that this authorization includes, but is not limited to, information regarding the diagnosis and treatment of drug and alcohol disorders, as well as the Acquired Immune Deficiency Syndrome (AIDS). It also includes x-ray reports, laboratory reports, CT scans reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, fetal monitor strips, discharge summaries, photographs, surgery consent forms, informed consent forms regarding family planning, admission and discharge records, operation records, doctor and nurses notes, prescriptions, medical bills, invoices, histories, diagnoses, home health records, diabetic flow sheets, electronic and digital records, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputes, resolutions and payments, medical records provided as evidence of services provided, and any other document or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). It also includes my complete employment personnel file, including attendance reports, performance reports, W-4 forms, W-2 forms, medical reports and/or any and all other records relating to my employment, past and present, and all educational records, including courses taken, degrees obtained, and attendance records. This listing is not meant to be exclusive.

This authorization permits you to release copies of records you made in connection with examinations, diagnosis and treatment of me; it does not permit you, nor does it authorize you, to speak to anyone concerning your care and treatment of me. It does not permit you to be interviewed or to give any statements concerning your care and treatment of me.

I, the undersigned individual am on notice that:

15
• This request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.

• Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.

• This authorization can be revoked through written notice to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.

• A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of the above-referenced case or five (5) years from the date of this authorization, whichever comes later.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Date: ____________________________

(Signature) Patient or Patient Representative

Printed Name of Patient's Representative

Description of Representative's authority to act for patient/relationship to patient (if applicable)

Patient's Name and Address:

This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164.
EXHIBIT I
IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

IN RE: ACTOS RELATED CASES
Applicable to All Cook County Cases

Case No. 11 L 10011, et al.

CASE MANAGEMENT ORDER NO. 3
PLAINTIFF FACT SHEETS, DEFENDANT FACT SHEETS, AND
RELEASE OF MEDICAL RECORDS

These consolidated proceedings have been assigned to the Honorable Deborah M.

Dooling for purposes of centralizing case management of all cases filed in Illinois state courts
brought by plaintiffs alleging injury as a result of the ingestion of Actos®, ACTOplus Met®,
ACTOplus Met XR®, Duetact®, or pioglitazone ("Actos") in In re: Actos Related Cases, Case
No. 11 L 10011. This Order, and all case management and other orders of this Court in this
consolidated proceeding, shall be binding on all parties and their counsel involved in In re: Actos
Related Cases, including in any case currently consolidated in this proceeding and in any case
subsequently added to this proceeding.

I. Plaintiff Fact Sheets

The Court hereby approves, with the consent of the parties, the use of the Plaintiff Fact
Sheet ("PFS") attached as Exhibit A and the corresponding medical records authorization
attached as Exhibit B.

A. Obligation to Serve Plaintiff Fact Sheet

1. Each Plaintiff with an In re: Actos Related Cases action shall complete
and serve a completed PFS.
2. In addition, each plaintiff with an In re: Actos Related Cases action shall execute and serve a blank medical record authorization using the release attached hereto as Exhibit B. Service of the PFS, authorization, and any responsive documents as called for in the PFS shall be in electronic format on CD via first class or overnight mail addressed to:

Jeffrey Lilly
Gordon & Rees LLP
816 Congress Avenue, Suite 1510
Austin, TX 78701

B. Deadline for Service of Plaintiff Fact Sheets

1. The PFS and authorization shall be served within forty-five (45) days of the date of this Order for all cases now part of this consolidated In re: Actos Related Cases litigation. In addition to the PFS and authorization, each plaintiff also must provide all responsive non-privileged documents in his or her possession as requested in the PFS.

2. For all cases transferred to or directly filed in this Court after the date of this Order, the PFS and authorization for each Plaintiff shall be served no later than forty-five (45) days from the date of transfer or direct filing.

II. Defendant Fact Sheets

The Court hereby approves, with the consent of the parties, the use of the Defendant Fact Sheet ("DFS") attached as Exhibit C.

A. Obligation to Serve Defendant Fact Sheet

1. Takeda1 shall complete and serve a DFS in response to service of a completed PFS from each Plaintiff in this consolidated In re: Actos Related Cases proceeding. Eli Lilly & Company ("Eli Lilly") shall complete and serve a DFS only in those cases in which the Plaintiff alleges use of Actos beginning on or before September 30, 2006.

---

1 For purposes of this Order and production of DFSs, "Takeda" refers to Takeda Pharmaceuticals America, Inc. and Takeda Pharmaceuticals U.S.A., Inc., formerly known as Takeda Pharmaceuticals North America, Inc.
2. Takeda and, if applicable, Eli Lilly shall serve a copy of the DFS on Plaintiff’s individual representative counsel as identified in the PFS and on Plaintiffs’ Lead Counsel. Service of the DFS shall be made by United States Mail, overnight delivery, or email. Service by United States Mail, overnight mail, or email may be made on Plaintiffs’ Lead Counsel at:

Peter J. Flowers
Foote, Meyers, Mielke, Flowers
3 North Second Street, Suite 300
St. Charles, IL 60174

B. Deadline for Service of Defendant Fact Sheets

1. Within ninety (90) days of the service of a completed PFS from a Plaintiff as identified in Section I.B. above, Takeda and, if applicable, Eli Lilly shall serve upon Plaintiff, in the manner set forth in Section II.A.2. above, a completed and verified DFS.

2. Any alleged deficiency in the PFS will not delay service of the DFS unless the deficiency materially and substantially impacts Takeda and, if applicable, Eli Lilly’s ability to complete the DFS. If Takeda or Eli Lilly contends that a PFS is materially deficient such that the DFS cannot be completed in accordance with this Order, their counsel shall send a letter to Plaintiff’s individual representative counsel and Plaintiffs’ Lead Counsel (as identified in Section II.A.2) within thirty (30) days of service of the PFS that identifies the material deficiencies. Upon receipt of this letter, Plaintiff shall have 21 days to respond, either by producing a new PFS or contesting the material deficiencies in a return letter. If the parties cannot reach agreement through this meet-and-confer process, the matter may be presented to the Court for resolution.

III. Additional Agreements and Obligations of the Parties

A. The PFS and DFS shall be governed in the same manner as traditional written discovery responses under the Illinois Rules. Thus, nothing in the PFS, DFS, or this Order shall
be deemed to limit the ability of any party to raise objections to the production of information or
documents requested in the PFS or DFS. Similarly, nothing in the PFS, DFS, or this Order shall
be deemed to limit the ability of any party to move to compel the production of information or
documents requested in the PFS or DFS. Before such disputes are brought to the Court, Lead
Counsel for Plaintiffs and Defendants shall meet and confer in good faith in an attempt to resolve
the dispute without Court intervention.

B. Nothing in the PFS or DFS shall be deemed to limit the scope of inquiry at
depositions. The admissibility of information in the PFS and DFS shall be governed by the
Illinois Rules of Civil Procedure, Illinois Supreme Court Rules, and Illinois Rules of Evidence,
and no objections are waived by virtue of any PFS or DFS response.

C. The parties may agree to an extension of the above time limits for service of the
PFS or DFS. If the parties cannot agree on a reasonable extension of time, a party may apply to
the Court for such relief after meeting and conferring and upon a showing of good cause.

It is so ORDERED.

Prepared By:

Sherry A. Knutson
SIDLEY AUSTIN LLP
Firm ID No. 42418
One South Dearborn Street
Chicago, Illinois 60603
(312) 853-7000

Attorney for Takeda Pharmaceuticals
America, Inc., Takeda Pharmaceuticals
U.S.A., Inc., Takeda Pharmaceutical
Company, and Eli Lilly & Company
IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

IN RE: ACTOS RELATED CASES

Case No. 2011 L 010011

This Document Applies to:

ACTOS® PLAINTIFF FACT SHEET

Each plaintiff who alleges personal injury as a result of taking ACTOS®, ACTOplus Met®, ACTOplus Met XR®, Duetact®, and/or any other medication containing pioglitazone hydrochloride approved for sale and marketing in the United States (collectively referred to as "Actos®") must complete a Fact Sheet. If you are completing this Fact Sheet in a representative capacity on behalf of someone who has died or who otherwise cannot complete the Fact Sheet, please answer as completely as you can for that person.

In completing this Fact Sheet, please use the following definitions: (1) "you" refers to the person who used Actos®, unless otherwise specified; (2) "healthcare provider" means any hospital, clinic, medical center, physician's office, urgent care center, infirmary, laboratory, or other facility that provides medical care or advice, and any pharmacy, physical therapist, rehabilitation specialist, physician, osteopath, homeopath, chiropractor, nurse, herbalist, nutritionist, dietician, or any other persons or entities involved in the evaluation, diagnosis, care and/or treatment of you; and (3) "document" means any writing or record of any type in your possession or the possession of your attorney, including, but not limited to, written documents, e-mails, cassettes, videotapes, DVDs, photographs, medical records, charts, computer discs, tapes, or CDs, x-rays, drawings, graphs, non-identical copies, and other data from which information can be obtained and translated, if necessary, through electronic devices into a reasonably usable form. You may attach as many sheets of paper as necessary to fully answer these questions.

If you have any documents (as defined above), including, but not limited to, packaging, labeling, or instructions for Actos®, materials or items that you are requested to produce as part of answering this Fact Sheet or that relate to Actos®, or that relate to the injuries, claims, and/or damages that are the subject of your complaint, you must NOT dispose of, alter, or modify these documents or materials in any way. You are required to give all of these documents and materials to your attorney as soon as possible. If you are unclear about these obligations, please contact your attorney.

In completing the Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, please provide as much information as you can. You must supplement your responses if you learn that they are incomplete or incorrect.
I. **Case Information**

A. Your Attorney's Name:_______________________________

   Firm:........................................................................

   Address:....................................................................

   Telephone Number:____________________________________

   Fax Number:_________________________________________

   E-Mail Address:_______________________________________

B. If you are completing this Fact Sheet in a representative capacity (on behalf of the estate of a deceased person or a minor), please complete the following:

1. Your name:_________________________________________

2. Your address:_______________________________________

3. The individual/estate you are representing:______________

4. Your relationship to that individual/estate:_______________

5. If you were appointed as a representative by a court, please state the:
   
   Court that appointed you:_____________________________

   Date of appointment:_________________________________

   The names of any other representatives:__________________

6. If you represent a decedent's estate, please state the:

   Date of the decedent’s death:___________________________

   Place of the decedent’s death:___________________________
THE REMAINDER OF THIS FACT SHEET REQUESTS INFORMATION ABOUT THE PERSON WHO USED ACTOS®. IF YOU ARE COMPLETING THIS FACT SHEET FOR SOMEONE ELSE, PLEASE ASSUME THAT "YOU" MEANS THE ACTOS® USER.

II. **Personal Information for the Actos® User**

A. Name: ____________________________________________________________

B. Have you ever used any other names and, if so, when:
   ________________________________________________________________

C. Address: ________________________________________________________

   How long have you lived at this address? _____________________________

D. Social Security Number: __________________________________________

E. Date and place of birth: __________________________________________

F. Sex: Male: _____ Female: _____

G. Ethnicity: African-American_____ Caucasian_____ Hispanic_____ Native American_____

   Other (please specify) __________________________

H. Marital Status: _________________________________________________

I. Spouse's name and date of marriage: ________________________________

   Has your spouse filed a loss of consortium or other claim in connection with this lawsuit?
   Yes _____ No _____ N/A _____

J. If you have children, please state each child’s name, address, and date of birth:
   ________________________________________________________________
   ________________________________________________________________

K. Have you ever served in any branch of the military? Yes _____ No _____

   1. If yes, branch and dates of service: _______________________________

   2. Were you ever rejected or discharged from military service for any reason related to your medical, physical, psychiatric or emotional condition? Yes _____ No _____

   3. If yes, state the reason and date of the occurrence: ________________


L. Education:

1. High School:

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>City/State</th>
<th>Grade Completed</th>
<th>Dates of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

* Please attach additional pages as needed.

2. If you attended school beyond high school, please complete the following information for each school:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City/State</th>
<th>Dates of Attendance</th>
<th>Degree Awarded and Major</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

* Please attach additional pages as needed.

M. Are you currently employed? Yes ______ No ______

If yes, please identify your current employer with name, address, and telephone number, and your occupation:

____________________________________________________________________

____________________________________________________________________

If not, did you leave your last job for a medical reason? Yes ______ No ______

If yes, describe why you left:

____________________________________________________________________

Are you making a claim for lost wages or lost earning capacity? Yes ____ No ____

N. Please complete the following information regarding any employers (other than your current employer) that you have had in the last ten (10) years:

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Address &amp; Phone No.</th>
<th>Job Title/Duties</th>
<th>Dates Employed</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

* Please attach additional pages as needed.
O. During the previous ten (10) years, or at any time since your first ingestion of Actos®, whichever is longer, have you been out of work for more than thirty (30) days during any calendar year for reasons related to your health (medical, physical, psychiatric or emotional condition)?

Yes _____  No _____

If yes, please state the dates, employer, and health condition: ____________________________

P. Identify each insurance carrier with whom you have had health insurance coverage at any time during the past ten (10) years:

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Policy Number</th>
<th>Policy Holder</th>
<th>Dates of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Q. Have you ever received Medicare, Medicaid or other government medical benefits within the past ten (10) years? Yes _____  No _____

If yes, please describe the benefits received: ____________________________

If yes, are you receiving Medicare benefits now?  Yes _____  No _____

R. Have you applied for workers' compensation, social security, and/or state or federal disability benefits within the past ten (10) years?  Yes _____  No _____

If yes, then as to each application, separately state:

1. Date (or year) of application: ____________________________

2. Nature of the claimed injury/disability: ____________________________

3. The agencies to which you submitted your application: ____________________________

S. At any point during the previous ten (10) years, have you ever been convicted of, or pled guilty to, a felony? Yes _____  No _____

If yes, please describe the charge to which you pled guilty or were convicted of, the court, and the outcome: ____________________________

T. Have you ever filed a lawsuit or made a claim, other than in the present suit, relating to any bodily injury?  _____ Yes _____  No

If yes, please state the following:

1. Party you sued or made a claim against: ____________________________
2. Court in which suit was filed: ________________________________

3. Case/claim number: _______________________________________

4. Attorney who represented you: ________________________________

5. Nature of injury/claim: ______________________________________

III. Use of Actos®

<table>
<thead>
<tr>
<th>Date(s) of Use</th>
<th>Medication Prescribed</th>
<th>Dose</th>
<th>Name and Address of Prescribing Physician</th>
<th>Name and Address of Dispensing Pharmacy</th>
</tr>
</thead>
<tbody>
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</table>

* Please provide additional pages if necessary.

A. Do you still take Actos®? Yes ______ No ______

   If no, state when you stopped and why: ______________________________________

B. Has any healthcare provider recommended that you not use Actos® or that you discontinue your use of Actos®? Yes _____ No ______

   If yes, state the name and address of the healthcare provider and the date the recommendation was made: ______________________________________

   *If any such advice or recommendation was given in writing, please attach a copy.

C. Did you ever receive any samples of Actos®? Yes______ No______

   If you answered yes, please state the following:

   1. Who provided the samples? ______________________________________

   2. When were the samples provided? ________________________________

   3. Did you propose to any healthcare provider that he or she prescribe you Actos®?

      Yes______ No_______

      If yes, which healthcare provider(s)? ______________________________________
D. Have you had any direct communication, written or oral, with Takeda Pharmaceuticals U.S.A., Inc. (formerly known as Takeda Pharmaceuticals North America, Inc.), Takeda Pharmaceuticals America, Inc., and/or Eli Lilly and Company or any of their representatives?

Yes ______ No ______

If yes, please describe the communication and the approximate date(s) on which it occurred:

__________________________________________________________________________

E. Did you ever receive any written and/or oral information about Actos®? Yes___ No___

If yes, please specify the information you received:

__________________________________________________________________________

If yes, who provided this information?

__________________________________________________________________________

F. Have you ever received assistance through a Patient Assistance Program for Actos®?

Yes ______ No ______

If yes, please identify the approximate dates during which you were a participant in the program:

__________________________________________________________________________

G. Have you ever visited a website, chatroom, message board, or other electronic forum containing information or discussion about Actos®? Yes____ No_____  

If yes, please provide the name of the website(s):

__________________________________________________________________________

If yes, please identify the approximate date(s) on which you visited the website(s):

__________________________________________________________________________

IV. Health Care Providers and Pharmacies

A. Identify the following for each healthcare provider with whom you have consulted during the previous ten (10) years, or five (5) years prior to your first ingestion of Actos®, whichever is longer, to the present (or, if you are a minor, please list all healthcare providers):

<table>
<thead>
<tr>
<th>Name and Specialty</th>
<th>Address &amp; Phone Number</th>
<th>Dates of Treatment</th>
<th>Reason for Treatment</th>
</tr>
</thead>
<tbody>
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</table>
* Please attach additional pages if necessary.

B. Identify the following for each time you were hospitalized and/or received treatment in an emergency room or an out-patient setting during the previous ten (10) years, or five (5) years prior to your first ingestion of Actos®, whichever is longer, to the present (or, if you are a minor, please list all hospitalizations):

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Address &amp; Phone Number</th>
<th>Dates of Treatment</th>
<th>Reason for Treatment</th>
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</thead>
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</table>

* Please attach additional pages if necessary.

C. Identify the following for each pharmacy, drug store and/or other supplier (including mail order and internet pharmacies) where you have filled prescriptions during the previous ten (10) year, or five (5) years prior to your first ingestion of Actos®, whichever is longer, to the present (or, if you are a minor, please list all pharmacies or other medication suppliers):

<table>
<thead>
<tr>
<th>Name</th>
<th>Address &amp; Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

* Please attach additional pages if necessary.

V. **Injuries and Damages Alleged in this Lawsuit**

A. Are you claiming that you suffered bodily injury as a result of taking Actos®?

Yes_____ No_____

B. If you answered yes, for each alleged injury separately state:

<table>
<thead>
<tr>
<th>Description of Alleged Injury</th>
<th>Date of Diagnosis</th>
<th>Healthcare Provider(s) Consulted for Alleged Injury</th>
<th>Dates and Nature of Treatment Provided for Alleged Injury</th>
</tr>
</thead>
</table>
C. Has any healthcare provider told you that any of your alleged injuries are the result of your use of Actos®? Yes_____ No_____

If yes, provide the healthcare provider's name and address and the approximate date for this conversation:__________________________________________________________________________________________

D. Did you ever experience the type of injury or injuries you allege were caused by Actos® prior to the date(s) set forth above? Yes_____ No_____  

If yes, when? ________________________________________________________________________________

If you consulted with a healthcare provider for such an injury, please identify the name and address of that provider:__________________________________________________________________________________________

E. Are you claiming that you have paid, or will have to pay, any monetary expenses or fees for medical treatment as a result of having taking Actos®? Yes_____ No_____  

If yes, please describe:__________________________________________________________________________

F. Are you claiming emotional distress as a result of your use of Actos®? Yes_____ No_____  

If yes, please describe: ________________________________________________________________________

If yes, please identify any healthcare provider(s) with whom you have treated for this condition, including their name and address:__________________________________________________________________________________________

VI. Medical Background of the Actos® User

A. Current Height _______________ Current Weight _______________

B. Smoking History:

1. Do you currently smoke cigarettes? Yes_____ No_____  

If yes, for how long have you smoked? ____________________________________________________________________
If yes, how many cigarettes/packs per day? _____________________________

Have your smoking habits changed over time? __________________________

2. Have you ever smoked cigarettes? Yes_____ No____

If yes, when did you smoke? _______________________________________

How long did you smoke? _________________________________________

C. Drinking History:

1. Do you currently drink alcohol (beer, wine, liquor, etc.)? Yes_____ No_____  
   If yes, how many drinks per week/month/year? ________________

2. During the previous ten (10) years, have you drunk alcohol? Yes_____ No_____  
   If yes, during what period of time did you drink alcohol? ________________

   How many drinks per week did you consume? _______________________

D. Medical History: Have you ever been diagnosed with any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Date of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type II diabetes mellitus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type I diabetes mellitus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gestational diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic coma</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diabetic ketoacidosis (DKA)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diabetic ketoacidosis (DKA)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hyperglycemia (high blood sugar)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Glycosuria/glucosuria (sugar in your urine)</td>
<td></td>
<td></td>
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<tr>
<td>Impaired fasting glucose, pre-diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin resistance</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Metabolic syndrome</td>
<td></td>
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<tr>
<td>Other problems related to blood sugar, glucose, ketones, or insulin</td>
<td></td>
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<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bladder cancer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other cancer (please specify below)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type(s) of cancer:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bladder infection</td>
<td></td>
<td></td>
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<tr>
<td>Urinary tract infection or blockage</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Enlarged prostate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperplasia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney stones</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Myocardial infarction</td>
<td></td>
<td></td>
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<tr>
<td>Cerebrovascular disease, including stroke</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Coronary artery disease</td>
<td></td>
<td></td>
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</tbody>
</table>
E. Other than those injuries that you believe were caused by your use of Actos®, do you currently suffer from any physical injuries, illnesses, or disabilities? Yes____ No____

If yes, please identify:

The injury, illness, or disability: ____________________________

Date(s) of onset: ____________________________

Date(s) of diagnosis: ____________________________

Name and address of treating physician: ____________________________

VII. Medications

Do you currently take, or have you ever taken, any of the following medications:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
<th>If yes, dose and dates of usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin</td>
<td></td>
<td></td>
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<tr>
<td>Avandia</td>
<td></td>
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<td></td>
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<tr>
<td>Rezulin</td>
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<td></td>
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<tr>
<td>Glucophage</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fortamet</td>
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<td></td>
<td></td>
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<tr>
<td>Glyset</td>
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<td></td>
</tr>
<tr>
<td>Precose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prandin (Repaglinide)</td>
<td></td>
<td></td>
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<tr>
<td>Starlix (Nateglinide)</td>
<td></td>
<td></td>
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<tr>
<td>Lispro (Humalog)</td>
<td></td>
<td></td>
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<tr>
<td>DiaBeta (Glyburide)</td>
<td></td>
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<tr>
<td>Glargine/Lantus</td>
<td></td>
<td></td>
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<tr>
<td>Glulisine</td>
<td></td>
<td></td>
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<tr>
<td>Levemir (Detemir)</td>
<td></td>
<td></td>
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<tr>
<td>Glucotrol (Glipizide)</td>
<td></td>
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<tr>
<td>Amaryl (Glimepiride)</td>
<td></td>
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<tr>
<td>Dymelor</td>
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<tr>
<td>Glynase/PresTab</td>
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<tr>
<td>Micronase</td>
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<tr>
<td>Orinase</td>
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<tr>
<td>Tolnase</td>
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<tr>
<td>Symlin (Pramlintide)</td>
<td></td>
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</tr>
<tr>
<td>Januvia (Sitagliptin)</td>
<td></td>
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<tr>
<td>Byetta (Exenatide)</td>
<td></td>
<td></td>
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<tr>
<td>Other medications used to treat diabetes (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclophasmamide (Cytoxan)</td>
<td></td>
<td></td>
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<tr>
<td>Empirin compound</td>
<td></td>
<td></td>
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<tr>
<td>Ifosamide (Ifex)</td>
<td></td>
<td></td>
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<tr>
<td>Phenacetin</td>
<td></td>
<td></td>
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<tr>
<td>Aristolochia fangchi</td>
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</tbody>
</table>
VIII. Family Medical History

To the best of your knowledge, please indicate whether your parents, siblings, children or grandparents have ever suffered from or been treated for any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>If yes, identify the family relationship(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td></td>
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<tr>
<td>Hyperglycemia</td>
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<tr>
<td>Glucose intolerance</td>
<td></td>
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<tr>
<td>Cancer (If yes, please specify)</td>
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<tr>
<td>Kidney disease</td>
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<tr>
<td>Kidney stones</td>
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<tr>
<td>Hyperplasia</td>
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<tr>
<td>Enlarged prostate</td>
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IX. Documents

A. Please sign and attach to this Fact Sheet authorizations allowing for release of all records.

B. If completing this Fact Sheet on behalf of a deceased person, please attach the legal documentation establishing that you are the legal representative of the estate and the Decedent’s death certificate and autopsy report (if applicable).

C. Please indicate whether you or your counsel have any of the following materials in your possession by placing a checkmark next to the word “yes” or “no.” If yes, attach a copy of any such documents. In responding, note that Actos® is pioglitazone hydrochloride.

1. Medical records from any physician, hospital or healthcare provider for the previous ten (10) years or five (5) years prior to your first ingestion of Actos®, whichever is longer, to the present. Yes___ No___

2. Pharmacy records for the previous ten (10) years or five (5) years prior to your first ingestion of Actos®, whichever is longer, to the present, including receipts, prescriptions or records of purchase. Yes___ No___

3. Advertisements for Actos® or articles discussing Actos® which you reviewed before and during the time you took Actos®. Yes___ No___

4. The packaging, including the box and label, for Actos® and any remaining medication (plaintiffs must retain the originals of the items requested). Yes___ No___

5. Product use instructions, product warnings, package inserts, pharmacy handouts or other materials distributed with or provided to you in connection with your use of Actos®. Yes___ No___

6. Any other documents or materials that mention Actos®, or any alleged health risks or hazards related to Actos® in your possession at or before the time of the injury alleged in your complaint. Yes___ No___
7. Documents that were provided to you by any of the defendants. Yes____ No____

8. Documents constituting any communications or correspondence between you and any representative of the defendants. Yes____ No____

9. Photographs, drawings, journals, slides, videos, DVDs or any other media relating to your alleged injury or your life after developing the injury that you allege is the result of Actos®. Yes____ No____

10. If you claim you have suffered a loss of earnings or earnings capacity, your W-2s and any other tax records reflecting your income for each of the last five (5) years. Yes____ No____

11. If you claim you have suffered a loss of earnings or earnings capacity, all employment records in your possession, including employment applications, performance evaluations, paychecks and pay stubs for the five (5) years prior to the injury that you associate with Actos® to the present. Yes____ No____

12. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy or other healthcare provider documenting those medical expenses. Yes____ No____

13. If you have been the claimant or subject of any worker's compensation, Social Security or other disability proceeding, all documents relating to such proceeding that are in your possession. Yes____ No____

14. Journals, diaries, notes, letters, e-mails, tweets, Facebook posts, internet postings, and any other documents written or received by you within the previous ten (10) years which refer to your general health, including any injuries or illness, or which refer to Actos®. Yes____ No____

15. Print-outs of all websites or blogs which are maintained or created by you. Yes____ No____
ATTESTATION

STATE OF ILLINOIS )
) SS.
COUNTY OF ___________________ )

______________________________, being first duly sworn on oath, deposes and declares under penalty of perjury that he/she is a plaintiff in the above-captioned matter, that he/she has read the foregoing document, and that the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

______________________________, further certifies, under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, that a reasonable search has been conducted for documents requested in Part X of this Plaintiff's Fact Sheet and that, to the best of his/her knowledge, all requested documents in his/her possession and in the possession of his/her attorneys have been produced.

______________________________
SIGNATURE

______________________________
SUBSCRIBED and SWORN to before me this ___ day of _______________, 20___.

______________________________
NOTARY PUBLIC
EXHIBIT B
**AUTHORIZATION FOR RELEASE OF RECORDS**

**Patient Name:**

**Other name(s) used by Patient:**

**DOB:**

**Social Security Number:**

**Case Name:**

**Provider Name:**

**Provider Address:**

I hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, pharmacies, educational facilities, former and present employers, insurance providers, including Medicare and Medicaid, Social Security Administration Disability Determination Services, and Department of Workers' Claims, to release all existing medical records and information, relating to the medical care, treatment, physical condition, and documentation of medical expenses revealed by your observation or treatment past, present and future, including records generated by third parties, as well as all educational and employment records regarding Patient to:

Marker Group  
13105 Northwest Freeway, Suite 300  
Houston, Texas 77040

I understand that this authorization includes, but is not limited to, information regarding the diagnosis and treatment of drug and alcohol disorders, as well as the Acquired Immune Deficiency Syndrome (AIDS). It also includes x-ray reports, laboratory reports, CT scans reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, fetal monitor strips, discharge summaries, photographs, surgery consent forms, informed consent forms regarding family planning, admission and discharge records, operation records, doctor and nurses notes, prescriptions, medical bills, invoices, histories, diagnoses, home health records, diabetic flow sheets, electronic and digital records, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputes, resolutions and payments, medical records provided as evidence of services provided, and any other document or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). It also includes my complete employment personnel file, including attendance reports, performance reports, W-4 forms, W-2 forms, medical reports and/or any and all other records relating to my employment, past and present, and all educational records, including courses taken, degrees obtained, and attendance records. This listing is not meant to be exclusive.

This authorization permits you to release copies of records you made in connection with examinations, diagnosis and treatment of me; it does not permit you, nor does it authorize you, to speak to anyone concerning your care and treatment of me. It does not permit you to be interviewed or to give any statements concerning your care and treatment of me.

I, the undersigned individual am on notice that:
• This request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.

• Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.

• This authorization can be revoked through written notice to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.

• A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of the above referenced case or five (5) years from the date of this authorization, whichever comes later.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Date: ________________________________

(Signature) Patient or Patient Representative

Printed Name of Patient’s Representative

Description of Representative’s authority to act for patient / relationship to patient (if applicable)

Patient’s Name and Address:

This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act (“HIPAA”) 45 CFR Parts 160 and 164.
EXHIBIT C
IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

IN RE: ACTOS RELATED CASES

__________________________________________

Case No. 2011 L 010011

This Document Applies to:

__________________________________________

DEFENDANT FACT SHEET

For each Plaintiff from whom a substantially complete and verified Plaintiff Fact Sheet ("PFS") and authorizations have been received, Defendants Takeda Pharmaceuticals U.S.A., Inc. and Takeda Pharmaceuticals America, Inc. ("Takeda") must complete this Defendant Fact Sheet ("DFS") and identify or provide documents and/or data responsive to the questions set forth herein to the best of their knowledge. If a named party to the lawsuit, Defendant Eli Lilly and Company ("Eli Lilly") must complete a DFS only if the Plaintiff alleges use of Actos beginning on or before September 30, 2006. Defendants shall attach additional sheets of paper as necessary to completely answer the questions herein. If producing documents in response to any question in this DFS, defendants shall identify such documents by Bates number. All responses to this DFS are made under oath, and defendants must verify that the information provided is true and correct to the best of their knowledge.

DEFINITIONS

1. For purposes of this DFS, the term "Defendants" or shall include Takeda Pharmaceuticals America, Inc. and Takeda Pharmaceuticals U.S.A., Inc. If the Plaintiff alleges use of Actos beginning on or before September 30, 2006, Eli Lilly shall also be included in the definition of "Defendants." The term "Defendants" shall include not only Takeda and, if relevant, Eli Lilly, but also any officers, agents, employees, or representatives acting on their behalf.

2. The term "Documents" shall have the broadest possible meaning and interpretation and shall include, without limitation, any written, printed, typed, photostatic, photographed, recorded, computer-generated, computer-stored, or otherwise maintained or reproduced communication or representation.

3. The phrase "provided" means sold, distributed, shipped, delivered or otherwise placed into the stream of commerce.

4. The term "communication" and/or "correspondence" shall mean and refer to any oral, written or electronic transmission of information, including, without limitation, meetings, discussions, conversations, telephone calls, memoranda, letters, e-mails, text messages, conferences, or seminars or

As used herein, the term "Actos" includes pioglitazone hydrochloride, Actos®, ActoPlus Met®, ActoPlus Met XR®, and Duetact®.

Page 1 of 10
any other exchange of information between Defendants or between Defendants and any other person or entity (excluding communications protected by privilege). Nothing in this DFS shall require defendants to produce voice mail, instant messages, text messages, or be construed contrary to the requirements of any other Order in this action.

5. The phrase “Dispensing/Prescribing Health Care Provider” means any physician, medical provider, practice, clinic, person or entity identified with particularity in the PFS who prescribed or dispensed Actos to Plaintiff. As used in this DFS, “Dispensing/Prescribing Health Care Provider” shall refer not only to the Plaintiff’s prescribing physician, but anyone working within his or her practice, including all employees of the clinic, practice, or medical group, including, but not limited to, nurses, nurse practitioners, other physicians, and office or clerical staff.

6. The phrase “Promotional Items” means any and all promotional items, marketing devices, freebies, merchandise, handouts, meals, or any other items related to Actos, including, but not limited to physical items marked with the Actos trademark, such as anatomical models, notepads, post-it-notes, pens, flashlights, office supplies, models for patient demonstration, diagnostic tools and aids, medical assessment and dosage calculators, pharmacy and pharmacist tools, patient compliance tools, custom medical calculators and software, branded apparel, leather portfolios, prescription pads, picture frames, letter openers, clipboards, water bottles, coffee mugs, pocket/pen lights, key chains, badge holders, bags, travel accessories, and any other “freebies” provided to Dispensing/Prescribing Health Care Providers.

7. The term “identify” or “identity” with respect to persons, means to give, to the extent known, the person’s full name, and as to former employees or third-parties, their present or last known address and phone number.

8. The term “person” means natural person, as well as corporate and/or governmental entity.

9. The terms “relating to,” “relate to,” “referring to,” “refer to,” “reflecting,” “reflect,” “concerning,” or “concern” shall mean evidencing, regarding, concerning, discussing, embodying, describing, summarizing, containing, constituting, showing, mentioning, reflecting, pertaining to, dealing with, relating to, referring to in any way or manner, or in any way logically or factually, connecting with the matter described in that paragraph of these demands, including documents attached to or used in the preparation of or concerning the preparation of the documents.

10. The term “possession, custody or control” shall mean and refer to any documents in defendants’ possession, custody or control. A document is deemed to be in defendants’ “possession, custody or control” if is in their physical custody or if it is in the physical custody of another person or entity, and defendants: (a) own such document in whole or in part, or (b) have a legal right by contract, statute or otherwise to use, inspect, examine or copy such document on any terms. If defendants are aware of documents responsive to a question/request in the DFS that are in the possession of a non-party but do not have a legal right to obtain the documents from the non-party, defendants will identify the non-party and the nature of the documents in the response to the associated question/request in the DFS.

11. Unless otherwise indicated, the “relevant period” for purposes of this DFS is July 15, 1999 to the present.
I. **CASE INFORMATION**

This DFS pertains to the following case:

Case caption: ____________________________

Civil Action No. ______________________

II. **CONTACTS WITH DISPENSING/PRESCRIBING HEALTH CARE PROVIDERS**

For each Dispensing/Prescribing Health Care Provider identified in the PFS, please state the following:

A. **Dear Health Care Provider Letters:**

1. Please identify any "Dear Doctor," "Dear Health Care Professional," or "Dear Colleague" letter sent to the Plaintiff's Dispensing/Prescribing Health Care Provider concerning Actos.

   __________________________________________

   NOTE: Please attach hereto, to the extent available, a copy of each letter and the envelope or fax cover sheet forwarding it to Plaintiff's Dispensing/Prescribing Health Care Provider.

2. For each "Dear Doctor," "Dear Health Care Professional," or "Dear Colleague" letter identified in Section II(A)(1), please state the date that each letter was sent to Plaintiff's Dispensing/Prescribing Health Care Provider, the person to whom each letter was sent, and the manner in which it was sent.

   __________________________________________

3. For each "Dear Doctor," "Dear Health Care Professional," or "Dear Colleague" letter identified in Section II(A)(1), please provide or identify by Bates number any and all documentation, including lists or database records, which demonstrate that these letters were sent.

   __________________________________________
Please identify the person or persons who provided information responsive to Section II(A) or any of its subparts.

---

B. Other Contacts

1. For each Dispensing/Prescribing Health Care Provider identified in the PFS, please produce or identify all contacts and communications between the Dispensing/Prescribing Health Care Provider and Defendants' Sales Representatives that relate to Actos or bladder cancer:

<table>
<thead>
<tr>
<th>Dispensing/Prescribing Health Care Provider</th>
<th>Sales Representative (including last known address, if no longer employed by Defendant)</th>
<th>Date(s) of Contact</th>
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</tbody>
</table>

2. For each Sales Representative who had contact with any Dispensing/Prescribing Healthcare Provider listed in the PFS regarding Actos or bladder cancer, please provide the following information:

<table>
<thead>
<tr>
<th>Health Care Provider</th>
<th>Sales Representative</th>
<th>Territory</th>
<th>Dates of Employment</th>
<th>Supervising District Manager(s)</th>
<th>Regional Sales Director(s)</th>
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Page 4 of 10
3. For each Dispensing/Prescribing Health Care Provider stated in the PFS, please state whether Defendants or their representatives ever provided him or her (or anyone in the practice) Actos, Actosplus Met, Actosplus Met Rx, and/or Duetact samples.

Yes ___ No ___

If the answer is "yes," please state:

(a) The number of samples provided and the dosages provided for each product;
(b) The dates that they were provided; and
(c) The identity of the person or persons who provided the samples.

4. For each Dispensing/Prescribing Health Care Provider identified in the PFS, please state whether Defendants or their representatives ever provided him or her (or anyone in the practice) with "Promotional Items."

Yes ___ No ___

If the answer is "yes," please provide:

(a) A description of the promotional item(s) provided;
(b) The date that each promotional item was delivered, shipped and/or provided;
(c) The total quantity of each promotional item delivered to the Dispensing/Prescribing Health Care Provider(s); and
(d) The identity of the person(s) who provided the promotional item.

To the extent available, a physical sample of the promotional item shall be provided to lead plaintiffs' counsel, as identified in Case Management Order No. 2.

5. For each Dispensing/Prescribing Health Care Provider identified in the PFS, please state whether Defendants or their representatives ever provided him or her (or anyone in the practice) documentation (including published studies or journal articles) relating in any way to the safety, efficacy, benefits, risks or off- or off-label use of Actos, including, to the extent available,

(a) A description of the document provided;
(b) The date that the document was mailed and/or provided; and,
(c) The identity of the person(s) who provided the document.

To the extent available, a copy of any cover letters sent to Plaintiff's Dispensing/Prescribing Physician or anyone in the practice with the material shall be produced.
6. For each Sales Representative identified in Section II(B)(2), please produce a copy of the Representative’s custodial file relating to Actos no later than 45 days in advance of the Representative’s deposition, including:

(a) Any and all notes or other documents, including personal notes, calendar entries, and computer entries, that reflect or refer to communications with any of Plaintiff’s Dispensing/Prescribing Health Care Providers.

(b) Any and all notes or other documents, including personal notes, calendar entries, computer entries, backgrounder documents, marketing information or other documents referenced in the sales call notes that relate to Actos.

(c) Any and all notes or other documents referencing promotional items provided to Plaintiff’s Dispensing/Prescribing Health Care Provider(s).

III. CONSULTING WITH PLAINTIFF’S DISPENSING/PRESCRIBING HEALTH CARE PROVIDERS

A. If any of the Dispensing/Prescribing Health Care Providers listed in the PFS have been retained as a “thought leader,” “Key Opinion Leader,” member of a “speaker’s bureau,” “clinical investigator,” “consultant,” or in any other capacity, please provide the following:

1. The identity of the Dispensing/Prescribing Health Care Provider.

2. The nature of the Dispensing/Prescribing Health Care Provider’s affiliation with Defendants.

3. The date(s) the Dispensing/Prescribing Health Care Provider was so affiliated with Defendants.

4. Each expense, honoraria and fee paid to the Dispensing/Prescribing Health Care Provider, if available, including 1099s or other documentation to evidence such payments, if available.

5. Please identify (and produce) any consulting agreements and contracts related to any such payments or consideration.

6. Please identify (and produce) any documents or data provided by Defendants to the Dispensing/Prescribing Health Care Provider relating to these payments or any potential risks of Actos, of which Defendants are aware.
B. Have any of Plaintiff's Dispensing/Prescribing Health Care Providers attended any Defendant-sponsored conferences or events and, if so, the date and topic of said conference(s) or event(s)?

C. Have Plaintiff's Dispensing/Prescribing Health Care Providers ever contacted Defendants to request information concerning Actos, its indications, and/or its risks?

Yes _____ No _____

If the answer is "yes," please identify and attach any document(s) that refer to such communication with Plaintiff’s Dispensing/Prescribing Health Care Providers, including any document(s) provided to Plaintiff’s Dispensing/Prescribing Health Care Provider in response to the request for information.

IV. PLAINTIFF'S DISPENSING/PRESCRIBING HEALTH CARE PROVIDER'S PRESCRIBING PRACTICES

For each Dispensing/Prescribing Health Care Provider identified in the PFS, please state and produce the following:

Do defendants have access to any database or other information that tracks available dispensing/prescribing practices of any Dispensing/Prescribing Health Care Provider listed in the PFS with respect to Actos or any other diabetic treatment drug (including, but not limited to the product(s) prescribed, the number of prescriptions, the number of refills, and the time frame when these products were prescribed or refilled).

Yes _____ No _____

If the answer is "yes," please produce or identify the database or document that captures that information, to the extent available:

________________________________________________________________________

V. COMMUNICATIONS CONCERNING PLAINTIFF

A. Other than in connection with any adverse event report, have defendants initiated contact with any of Plaintiff’s physicians concerning Plaintiff’s alleged injuries?

Yes _____ No _____

If the answer is "yes," please identify the name, address, and telephone number of the individual(s) who had such contact: ________________________________

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B. Other than in connection with any adverse event report, have defendants been contacted by Plaintiff, any of his/her physicians, or anyone acting on Plaintiff's behalf (other than Plaintiff's counsel) with respect to the claims and alleged injuries at issue in this lawsuit?

Yes ___ No ___

If the answer is "yes," please identify the name, address, and telephone number of the individual(s) who had such contact: _________________________________________________________

C. Please produce any non-privileged documents that reflect any communication between Defendants and Plaintiff, any of his/her physicians, or anyone on his/her behalf (other than Plaintiff's counsel) concerning Plaintiff's medical condition.

D. Please produce a copy of any MedWatch form or any other information in any database which refers or relates to Plaintiff, including back-up documentation and any evaluation or investigation Defendants conducted. With respect to adverse event reports generated by the receipt of a legal claim or complaint, Defendants shall produce the adverse event report itself, but not the underlying legal claim or complaint, or any other related document(s) generated or obtained through the legal process (e.g., medical records, discovery responses, legal correspondence, etc.).

VI. ADVERTISING

A. Aside from national advertising (i.e., advertising that was not directed to any specific geographic region), did defendants advertise Actos in the Media Market where Plaintiff resided within 6 months of the date Plaintiff began using Actos, as disclosed in the PFS?

If the answer is "yes," please provide, to the extent available:

1. The identity/title of the advertisement;

2. The media type of the advertisement (i.e., print or television);

3. The dates the advertisement ran; and
4. A copy of the advertisement.

B. Aside from national advertising, did defendants advertise Actos in the Media Market of any of the Dispensing/Prescribing Health Care Providers' office listed on the PFS within 6 months of the date Plaintiff began using Actos?

Yes _____ No _____

If the answer is "yes," please provide, to the extent available:

1. The identity/title of the advertisement;

2. The media type of the advertisement (i.e., print or television);

3. The dates the advertisement ran; and

4. A copy of the advertisement.

VII. DOCUMENTS

A. To the extent you have not already done so, please produce a copy of all documents and things in your possession, custody and control that fall into the categories listed below.

1. Any non-privileged document which relates or refers to Plaintiff, other than documents received or produced in discovery in this matter, and subject to the limitations and exceptions described in this DFS.

2. Any document sent to or received from any of Plaintiff's Dispensing/Prescribing Health Care Providers relating to Actos, subject to the limitations and exceptions described in this DFS.

3. Any documents reflecting any contacts or communications between you and any of Plaintiff's Dispensing/Prescribing Health Care Providers regarding Actos, subject to the limitations and exceptions described in this DFS.

4. Any document which reflects or purports to describe the Dispensing/Prescribing practices of any of Plaintiff's Dispensing/Prescribing Health Care Providers relating to Actos, subject to the approval or agreement of the owner of the prescribing data to release the data.

5. Any and all documents requested in Sections I-VI above, to the extent not already produced and subject to the limitations and exceptions described in this DFS.
DECLARATION

I am authorized to make this Declaration on behalf of _____________________________. The information provided in the foregoing Defendant Fact Sheet has been compiled by employees and legal counsel for _____________________________. Although I do not have personal knowledge of all of the information set forth therein, I declare under penalty of perjury, that the foregoing is true and correct to the best of my knowledge, understanding and belief, formed after due diligence and reasonable inquiry.

I further declare that the following individual(s) provided information responsive to this DFS:

• [Name, Title, Section of DFS]

• [Name, Title, Section of DFS]

• [Name, Title, Section of DFS]

Signature ____________________________ Print Name ____________________________ Date ____________________________
EXHIBIT J
IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

IN RE: ACTOS RELATED CASES

Case No. 2011 L 010011

This Document Applies to:

DEFENDANT FACT SHEET

For each Plaintiff from whom a substantially complete and verified Plaintiff Fact Sheet (“PFS”) and authorizations have been received, Defendants Takeda Pharmaceuticals U.S.A., Inc. and Takeda Pharmaceuticals America, Inc. (“Takeda”) must complete this Defendant Fact Sheet (“DFS”) and identify or provide documents and/or data responsive to the questions set forth herein to the best of their knowledge. If a named party to the lawsuit, Defendant Eli Lilly and Company (“Eli Lilly”) must complete a DFS only if the Plaintiff alleges use of Actos \textsuperscript{1} beginning on or before September 30, 2006. Defendants shall attach additional sheets of paper as necessary to completely answer the questions herein. If producing documents in response to any question in this DFS, defendants shall identify such documents by page number. All responses to this DFS are made under oath, and defendants must verify that the information provided is true and correct to the best of their knowledge.

DEFINITIONS

1. For purposes of this DFS, the term “Defendants” or shall include Takeda Pharmaceuticals America, Inc. and Takeda Pharmaceuticals U.S.A., Inc. If the Plaintiff alleges use of Actos beginning on or before September 30, 2006, Eli Lilly shall also be included in the definition of “Defendants.” The term “Defendants” shall include not only Takeda and, if relevant, Eli Lilly, but also any officers, agents, employees, or representatives acting on their behalf.

2. The term “Documents” shall have the broadest possible meaning and interpretation and shall include, without limitation, any written, printed, typed, photostatic, photographed, recorded, computer-generated, computer-stored, or otherwise maintained or reproduced communication or representation.

3. The phrase “provided” means sold, distributed, shipped, delivered or otherwise placed into the stream of commerce.

4. The term “communication” and/or “correspondence” shall mean and refer to any oral, written or electronic transmission of information, including, without limitation, meetings, discussions, conversations, telephone calls, memoranda, letters, e-mails, text messages, conferences, or seminars or

\textsuperscript{1} As used herein, the term “Actos” includes pioglitazone hydrochloride, Actos\textsuperscript{®}, ActoPlus Met\textsuperscript{®}, ActoPlus Met XR\textsuperscript{®}, and Duetact\textsuperscript{®}.

Page 1 of 10
any other exchange of information between Defendants or between Defendants and any other person or entity (excluding communications protected by privilege). Nothing in this DFS shall require defendants to produce voice mail, instant messages, text messages, or be construed contrary to the requirements of any other Order in this action.

5. The phrase "Dispensing/Prescribing Health Care Provider" means any physician, medical provider, practice, clinic, person or entity identified with particularity in the PFS who prescribed or dispensed Actos to Plaintiff. As used in this DFS, "Dispensing/Prescribing Health Care Provider" shall refer not only to the Plaintiff's prescribing physician, but anyone working within his or her practice, including all employees of the clinic, practice, or medical group, including, but not limited to, nurses, nurse practitioners, other physicians, and office or clerical staff.

6. The phrase "Promotional Items" means any and all promotional items, marketing devices, freebies, merchandise, handouts, meals, or any other items related to Actos, including, but not limited to physical items marked with the Actos trademark, such as anatomical models, notepads, post-it-notes, pens, flashlights, office supplies, models for patient demonstration, diagnostic tools and aids, medical assessment and dosage calculators, pharmacy and pharmacist tools, patient compliance tools, custom medical calculators and software, branded apparel, leather portfolios, prescription pads, picture frames, letter openers, clipboards, water bottles, coffee mugs, pocket/pen lights, key chains, badge holders, bags, travel accessories, and any other "freebies" provided to Dispensing/Prescribing Health Care Providers.

7. The term "identify" or "identity" with respect to persons, means to give, to the extent known, the person's full name, and as to former employees or third-parties, their present or last known address and phone number.

8. The term "person" means natural person, as well as corporate and/or governmental entity.

9. The terms "relating to," "relate to," "referring to," "refer to," "reflecting," "reflect," "concerning," or "concern" shall mean evidencing, regarding, concerning, discussing, embodying, describing, summarizing, containing, constituting, showing, mentioning, reflecting, pertaining to, dealing with, relating to, referring to in any way or manner, or in any way logically or factually, connecting with the matter described in that paragraph of these demands, including documents attached to or used in the preparation of or concerning the preparation of the documents.

10. The term "possession, custody or control" shall mean and refer to any documents in defendants' possession, custody or control. A document is deemed to be in defendants' "possession, custody or control" if is in their physical custody or if it is in the physical custody of another person or entity, and defendants: (a) own such document in whole or in part, or (b) have a legal right by contract, statute or otherwise to use, inspect, examine or copy such document on any terms. If defendants are aware of documents responsive to a question/request in the DFS that are in the possession of a non-party but do not have a legal right to obtain the documents from the non-party, defendants will identify the non-party and the nature of the documents in the response to the associated question/request in the DFS.

11. Unless otherwise indicated, the "relevant period" for purposes of this DFS is July 15, 1999 to the present.
I. **CASE INFORMATION**

This DFS pertains to the following case:

Case caption: ____________________________

Civil Action No. ____________________________

II. **CONTACTS WITH DISPENSING/PRESCRIBING HEALTH CARE PROVIDERS**

For each Dispensing/Prescribing Health Care Provider identified in the PFS, please state the following:

A. **Dear Health Care Provider Letters:**

1. Please identify any “Dear Doctor,” “Dear Health Care Professional,” or “Dear Colleague” letter sent to the Plaintiff’s Dispensing/Prescribing Health Care Provider concerning Actos.

________________________________________________________________________

________________________________________________________________________

**NOTE:** Please attach hereto, to the extent available, a copy of each letter and the envelope or fax cover sheet forwarding it to Plaintiff’s Dispensing/Prescribing Health Care Provider.

2. For each “Dear Doctor,” “Dear Health Care Professional,” or “Dear Colleague” letter identified in Section II(A)(1), please state the date that each letter was sent to Plaintiff’s Dispensing/Prescribing Health Care Provider, the person to whom each letter was sent, and the manner in which it was sent.

________________________________________________________________________

3. For each “Dear Doctor,” “Dear Health Care Professional,” or “Dear Colleague” letter identified in Section II(A)(1), please provide or identify by Bates number any and all documentation, including lists or database records, which demonstrate that these letters were sent.

________________________________________________________________________

________________________________________________________________________

Page 3 of 10
Please identify the person or persons who provided information responsive to Section II(A) or any of its subparts.


B. Other Contacts

1. For each Dispensing/Prescribing Health Care Provider identified in the PFS, please produce or identify all contacts and communications between the Dispensing/Prescribing Health Care Provider and Defendants’ Sales Representatives that relate to Actos or bladder cancer:

<table>
<thead>
<tr>
<th>Dispensing/Prescribing Health Care Provider</th>
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2. For each Sales Representative who had contact with any Dispensing/Prescribing Healthcare Provider listed in the PFS regarding Actos or bladder cancer, please provide the following information:

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<th>Health Care Provider</th>
<th>Sales Representative</th>
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<th>Dates of Employment</th>
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</table>

Page 4 of 10
3. For each Dispensing/Prescribing Health Care Provider stated in the PFS, please state whether Defendants or their representatives ever provided him or her (or anyone in the practice) Actos, Actosplus Met, Actosplus Met Rx, and/or Duetact samples.

   Yes _____    No _____

   If the answer is “yes,” please state:

   (a) The number of samples provided and the dosages provided for each product;

   (b) The dates that they were provided; and

   (c) The identity of the person or persons who provided the samples.

4. For each Dispensing/Prescribing Health Care Provider identified in the PFS, please state whether Defendants or their representatives ever provided him or her (or anyone in the practice) with “Promotional Items.”

   Yes _____    No _____

   If the answer is “yes,” please provide:

   (a) A description of the promotional item(s) provided;

   (b) The date that each promotional item was delivered, shipped and/or provided;

   (c) The total quantity of each promotional item delivered to the Dispensing/Prescribing Health Care Provider(s); and

   (d) The identity of the person(s) who provided the promotional item.

   To the extent available, a physical sample of the promotional item shall be provided to lead plaintiffs’ counsel, as identified in Case Management Order No. 2.

5. For each Dispensing/Prescribing Health Care Provider identified in the PFS, please state whether Defendants or their representatives ever provided him or her (or anyone in the practice) documentation (including published studies or journal articles) relating in any way to the safety, efficacy, benefits, risks or on- or off-label use of Actos, including, to the extent available,

   (a) A description of the document provided;

   (b) The date that the document was mailed and/or provided; and,

   (c) The identity of the person(s) who provided the document.

   To the extent available, a copy of any cover letters sent to Plaintiff’s Dispensing/Prescribing Physician or anyone in the practice with the material shall be produced.

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6. For each Sales Representative identified in Section II(B)(2), please produce a copy of the Representative’s custodial file relating to Actos no later than 45 days in advance of the Representative’s deposition, including:

(a) Any and all notes or other documents, including personal notes, calendar entries, and computer entries, that reflect or refer to communications with any of Plaintiff’s Dispensing/Prescribing Health Care Providers.

(b) Any and all notes or other documents, including personal notes, calendar entries, computer entries, backgrounder documents, marketing information or other documents referenced in the sales call notes that relate to Actos.

(c) Any and all notes or other documents referencing promotional items provided to Plaintiff’s Dispensing/Prescribing Health Care Provider(s).

III. CONSULTING WITH PLAINTIFF’S DISPENSING/PRESCRIBING HEALTH CARE PROVIDERS

A. If any of the Dispensing/Prescribing Health Care Providers listed in the PFS have been retained as a “thought leader,” “Key Opinion Leader,” member of a “speaker’s bureau,” “clinical investigator,” “consultant,” or in any other capacity, please provide the following:

1. The identity of the Dispensing/Prescribing Health Care Provider.

2. The nature of the Dispensing/Prescribing Health Care Provider’s affiliation with Defendants.

3. The date(s) the Dispensing/Prescribing Health Care Provider was so affiliated with Defendants.

4. Each expense, honoraria and fee paid to the Dispensing/Prescribing Health Care Provider, if available, including 1099s or other documentation to evidence such payments, if available.

5. Please identify (and produce) any consulting agreements and contracts related to any such payments or consideration.

6. Please identify (and produce) any documents or data provided by Defendants to the Dispensing/Prescribing Health Care Provider relating to these payments or any potential risks of Actos of which Defendants are aware.
B. Have any of Plaintiff's Dispensing/Prescribing Health Care Providers attended any Defendant-sponsored conferences or events and, if so, the date and topic of said conference(s) or event(s)?

C. Have Plaintiff's Dispensing/Prescribing Health Care Providers ever contacted Defendants to request information concerning Actos, its indications, and/or its risks?

Yes _____  No _____

If the answer is "yes," please identify and attach any document(s) that refer to such communication with Plaintiff's Dispensing/Prescribing Health Care Providers, including any document(s) provided to Plaintiff's Dispensing/Prescribing Health Care Provider in response to the request for information.

IV. PLAINTIFF'S DISPENSING/PRESCRIBING HEALTH CARE PROVIDER'S PRESCRIBING PRACTICES

For each Dispensing/Prescribing Health Care Provider identified in the PFS, please state and produce the following:

Do defendants have access to any database or other information that tracks available dispensing/prescribing practices of any Dispensing/Prescribing Health Care Provider listed in the PFS with respect to Actos or any other diabetic treatment drug (including, but not limited to the product(s) prescribed, the number of prescriptions, the number of refills, and the time frame when these products were prescribed or refilled).

Yes _____  No _____

If the answer is "yes," please produce or identify the database or document that captures that information, to the extent available:

________________________________________________________________________

________________________________________________________________________

V. COMMUNICATIONS CONCERNING PLAINIFF

A. Other than in connection with any adverse event report, have defendants initiated contact with any of Plaintiff's physicians concerning Plaintiff's alleged injuries?

Yes _____  No _____

If the answer is "yes," please identify the name, address, and telephone number of the individual(s) who had such contact: _______________________________
B. Other than in connection with any adverse event report, have defendants been contacted by Plaintiff, any of his/her physicians, or anyone acting on Plaintiff’s behalf (other than Plaintiff’s counsel) with respect to the claims and alleged injuries at issue in this lawsuit?

Yes _____ No _____

If the answer is "yes," please identify the name, address, and telephone number of the individual(s) who had such contact:


C. Please produce any non-privileged documents that reflect any communication between Defendants and Plaintiff, any of his/her physicians, or anyone on his/her behalf (other than Plaintiff’s counsel) concerning Plaintiff’s medical condition.

D. Please produce a copy of any MedWatch form or any other information in any database which refers or relates to Plaintiff, including back-up documentation and any evaluation or investigation Defendants conducted. With respect to adverse event reports generated by the receipt of a legal claim or complaint, Defendants shall produce the adverse event report itself, but not the underlying legal claim or complaint, or any other related document(s) generated or obtained through the legal process (e.g., medical records, discovery responses, legal correspondence, etc.).

VI. ADVERTISING

A. Aside from national advertising (i.e., advertising that was not directed to any specific geographic region), did defendants advertise Actos in the Media Market where Plaintiff resided within 6 months of the date Plaintiff began using Actos, as disclosed in the PFS?

If the answer is "yes," please provide, to the extent available:

1. The identity/title of the advertisement;

2. The media type of the advertisement (i.e., print or television);

3. The dates the advertisement ran; and
4. A copy of the advertisement.

B. Aside from national advertising, did defendants advertise Actos in the Media Market of any of the Dispensing/Prescribing Health Care Providers’ office listed on the PFS within 6 months of the date Plaintiff began using Actos?

Yes _____ No _____

If the answer is “yes,” please provide, to the extent available:

1. The identity/title of the advertisement;

2. The media type of the advertisement (i.e., print or television);

3. The dates the advertisement ran; and

4. A copy of the advertisement.

VII. DOCUMENTS

A. To the extent you have not already done so, please produce a copy of all documents and things in your possession, custody and control that fall into the categories listed below.

1. Any non-privileged document which relates or refers to Plaintiff, other than documents received or produced in discovery in this matter, and subject to the limitations and exceptions described in this DFS.

2. Any document sent to or received from any of Plaintiff’s Dispensing/Prescribing Health Care Providers relating to Actos, subject to the limitations and exceptions described in this DFS.

3. Any documents reflecting any contacts or communications between you and any of Plaintiff’s Dispensing/Prescribing Health Care Providers regarding Actos, subject to the limitations and exceptions described in this DFS.

4. Any document which reflects or purports to describe the Dispensing/Prescribing practices of any of Plaintiff’s Dispensing/Prescribing Health Care Providers relating to Actos, subject to the approval or agreement of the owner of the prescribing data to release the data.

5. Any and all documents requested in Sections I-VI above, to the extent not already produced and subject to the limitations and exceptions described in this DFS.
DECLARATION

I am authorized to make this Declaration on behalf of __________________________. The information provided in the foregoing Defendant Fact Sheet has been compiled by employees and legal counsel for __________________________. Although I do not have personal knowledge of all of the information set forth therein, I declare under penalty of perjury, that the foregoing is true and correct to the best of my knowledge, understanding and belief, formed after due diligence and reasonable inquiry.

I further declare that the following individual(s) provided information responsive to this DFS:

- [Name, Title, Section of DFS]

- [Name, Title, Section of DFS]

- [Name, Title, Section of DFS]

Signature ___________________________ Print Name ___________________________ Date ___________________________
EXHIBIT K
IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

IN RE: ACTOS RELATED CASES

Applicable to all Cook County Cases

Case No. 11 L 10011, et al.

AGREED CASE MANAGEMENT SCHEDULE

This matter coming before the Court on Case Management, and the Court fully advised in the premises. It is HEREBY ORDERED:

1. The first trial date in this matter is set for March 3, 2014 and is subject to the following Case Management Schedule:

   a. Fact Discovery Cut-Off

      i. Fact discovery, including written discovery and depositions of Rule 213(f)(1) and (f)(2) witnesses shall be completed by July 26, 2013.

   b. Expert Discovery

      i. August 23, 2013 – Deadline for Plaintiffs to answer Supreme Court Rule 213(f)(3) interrogatories;

      ii. September 20, 2013 – Deadline for completing the depositions of Plaintiffs’ Rule 213(f)(3) witnesses;

      iii. October 18, 2013 – Deadline for Defendants to answer Supreme Court Rule 213(f)(3) interrogatories;


      v. November 29, 2013 – Deadline for Plaintiffs to provide any Rule 213(f)(3) rebuttal witnesses;

      vi. December 13, 2013 – Deadline for Defendants to complete depositions of any of Plaintiffs’ Rule 213(f)(3) rebuttal witnesses;
c. Dispositive Motion Practice

i. **January 10, 2014** – Deadline for filing dispositive motions including motions for summary judgment as well as motions to exclude expert testimony;

ii. **January 24, 2014** – Deadline for filing any responses to dispositive motions;

iii. **January 31, 2014** – Deadline for submitting any replies in support of dispositive motions.

iv. A hearing on all dispositive motions and motions to exclude expert testimony shall be scheduled.

d. **Motions in Limine**

i. **January 15, 2014** – Deadline for filing all motions in limine;

ii. **January 29, 2014** – Deadline for filing any responses to motions in limine;

iii. **February 5, 2014** – Deadline for submitting any replies in support of motions in limine;

iv. A hearing on all motions in limine shall be scheduled.

e. **Exhibit and Witness Lists**

i. **January 20, 2014** – Deadline for parties to exchange exhibit lists and, in electronic form, a full set of the underlying exhibits.

ii. **February 3, 2014** – Deadline for filing any objections to exhibit lists.

iii. **January 20, 2014** – Deadline for parties to exchange witness lists and to indicate which witnesses will be presented live at trial. If a party plans to produce a witness live at trial who has not yet been deposed, the party will present the witness for a discovery deposition on or before **February 7, 2014**.

f. **March 3, 2014** Trial Case Management Schedule in Chronological Order

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fact Discovery Cut-Off</td>
<td>July 26, 2013</td>
<td>Friday</td>
</tr>
<tr>
<td>Plaintiffs to Answer 213(f)(3)</td>
<td>August 23, 2013</td>
<td>Friday</td>
</tr>
<tr>
<td>Complete Depositions of Plaintiffs’ 213(f)(3)</td>
<td>September 20, 2013</td>
<td>Friday</td>
</tr>
<tr>
<td>Event</td>
<td>Date</td>
<td>Day</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
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</tr>
<tr>
<td>Defendants to Answer 213(f)(3)</td>
<td>October 18, 2013</td>
<td>Friday</td>
</tr>
<tr>
<td>Complete Depositions of Defendants’ 213(f)(3)</td>
<td>November 15, 2013</td>
<td>Friday</td>
</tr>
<tr>
<td>Plaintiffs to Disclose 213(f)(3) Rebuttal Witnesses</td>
<td>November 29, 2013</td>
<td>Friday</td>
</tr>
<tr>
<td>Complete Depositions of 213(f)(3) Rebuttal Witnesses</td>
<td>December 13, 2013</td>
<td>Friday</td>
</tr>
<tr>
<td>Dispositive Motions (MSJ and Expert)</td>
<td>January 10, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Motions In Limine</td>
<td>January 15, 2014</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Exchange Witness Lists and Disclose Live Witnesses</td>
<td>January 20, 2014</td>
<td>Monday</td>
</tr>
<tr>
<td>Exchange Exhibit Lists and Provide Full Set of Exhibits</td>
<td>January 20, 2014</td>
<td>Monday</td>
</tr>
<tr>
<td>Responses to Dispositive Motions</td>
<td>January 24, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Responses to Motions In Limine</td>
<td>January 29, 2014</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Replies in Support of Dispositive Motions</td>
<td>January 31, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Objections to Exhibit Lists</td>
<td>February 3, 2014</td>
<td>Monday</td>
</tr>
<tr>
<td>Replies in Support of Motions in Limine</td>
<td>February 5, 2014</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Complete Depositions of Newly Disclosed Trial Witnesses</td>
<td>February 7, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>TRIAL</td>
<td>March 3, 2014</td>
<td>Monday</td>
</tr>
</tbody>
</table>

2. The second trial date in this matter is set for **June 2, 2014** and is subject to the following Case Management Schedule:

   a. **Fact Discovery Cut-Off**

      i. Fact discovery, including written discovery and depositions of Rule 213(f)(1) and (f)(2) witnesses shall be completed by **October 25, 2013**.

   b. **Expert Discovery**

      i. **November 22, 2013** – Deadline for Plaintiffs to answer Supreme Court Rule 213(f)(3) interrogatories;

      ii. **December 20, 2013** – Deadline for completing the depositions of Plaintiffs’ Rule 213(f)(3) witnesses;

      iii. **January 17, 2014** – Deadline for Defendants to answer Supreme Court Rule 213(f)(3) interrogatories;

      iv. **February 14, 2014** – Deadline for completing the depositions of Defendants’ Rule 213(f)(3) witnesses;

      v. **February 28, 2014** – Deadline for Plaintiffs to provide any Rule 213(f)(3) rebuttal witnesses;

      vi. **March 14, 2014** – Deadline for Defendants to complete depositions of any of Plaintiffs’ Rule 213(f)(3) rebuttal witnesses;

   c. **Dispositive Motion Practice**
i. **April 14, 2014** – Deadline for filing dispositive motions including motions for summary judgment as well as motions to exclude expert testimony;

ii. **April 25, 2014** – Deadline for filing any responses to dispositive motions;

iii. **May 2, 2014** – Deadline for submitting any replies in support of dispositive motions.

iv. A hearing on all dispositive motions and motions to exclude expert testimony shall be scheduled.

d. **Motions in Limine**

i. **April 16, 2014** – Deadline for filing all motions in limine;

ii. **April 30, 2014** – Deadline for filing any responses to motions in limine;

iii. **May 2, 2014** – Deadline for submitting any replies in support of motions in limine;

iv. A hearing on all motions in limine shall be scheduled.

e. **Exhibit and Witness Lists**

i. **April 21, 2014** – Deadline for parties to exchange exhibit lists and, in electronic form, a full set of the underlying exhibits.

ii. **May 5, 2014** – Deadline for filing any objections to exhibit lists.

iii. **April 21, 2014** – Deadline for parties to exchange witness lists and to indicate which witnesses will be presented live at trial. If a party plans to produce a witness live at trial who has not yet been deposed, the party will present the witness for a discovery deposition on or before **May 9, 2014**.

f. **June 2, 2014** Trial Case Management Schedule in Chronological Order

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Day</th>
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</thead>
<tbody>
<tr>
<td>Fact Discovery Cut-Off</td>
<td>October 25, 2013</td>
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<tr>
<td>Plaintiffs to Answer 213(f)(3)</td>
<td>November 22, 2013</td>
<td>Friday</td>
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<tr>
<td>Complete Depositions of Plaintiffs’ 213(f)(3)</td>
<td>December 20, 2013</td>
<td>Friday</td>
</tr>
<tr>
<td>Defendants to Answer 213(f)(3)</td>
<td>January 17, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Complete Depositions of Defendants’ 213(f)(3)</td>
<td>February 14, 2014</td>
<td>Friday</td>
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<tr>
<td>Plaintiffs to Disclose 213(f)(3)</td>
<td>February 28, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Complete Depositions of 213(f)(3)</td>
<td>March 14, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Dispositive Motions (MSJ and Expert)</td>
<td>April 11, 2014</td>
<td>Friday</td>
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<tr>
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</tr>
<tr>
<td>Motions In Limine</td>
<td>April 16, 2014</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Exchange Witness Lists and Disclose Live Witnesses</td>
<td>April 21, 2014</td>
<td>Monday</td>
</tr>
<tr>
<td>Exchange Exhibit Lists and Provide Full Set of Exhibits</td>
<td>April 21, 2014</td>
<td>Monday</td>
</tr>
<tr>
<td>Responses to Dispositive Motions</td>
<td>April 25, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Responses to Motions In Limine</td>
<td>April 30, 2014</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Replies in Support of Dispositive Motions</td>
<td>May 2, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Objections to Exhibit Lists</td>
<td>May 5, 2014</td>
<td>Monday</td>
</tr>
<tr>
<td>Replies in Support of Motions in Limine</td>
<td>May 7, 2014</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Complete Depositions of Newly Disclosed Trial Witnesses</td>
<td>May 9, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>TRIAL</td>
<td>June 2, 2014</td>
<td>Monday</td>
</tr>
</tbody>
</table>

3. The third trial date in this matter is set for **September 8, 2014** and is subject to the following Case Management Schedule:

   a. **Fact Discovery Cut-Off**
      
      i. Fact discovery, including written discovery and depositions of Rule 213(f)(1) and (f)(2) witnesses shall be completed by **January 31, 2013**.

   b. **Expert Discovery**
      
      i. **February 28, 2014** – Deadline for Plaintiffs to answer Supreme Court Rule 213(f)(3) interrogatories;

      ii. **March 28, 2014** – Deadline for completing the depositions of Plaintiffs’ Rule 213(f)(3) witnesses;

      iii. **April 25, 2014** – Deadline for Defendants to answer Supreme Court Rule 213(f)(3) interrogatories;

      iv. **May 23, 2014** – Deadline for completing the depositions of Defendants’ Rule 213(f)(3) witnesses;

      v. **June 6, 2014** – Deadline for Plaintiffs to provide any Rule 213(f)(3) rebuttal witnesses;

      vi. **June 20, 2014** – Deadline for Defendants to complete depositions of any of Plaintiffs’ Rule 213(f)(3) rebuttal witnesses;

   c. **Dispositive Motion Practice**
      
      i. **July 18, 2014** – Deadline for filing dispositive motions including motions for summary judgment as well as motions to exclude expert testimony;
ii. **August 1, 2014** – Deadline for filing any responses to dispositive motions;

iii. **August 8, 2014** – Deadline for submitting any replies in support of dispositive motions.

iv. A hearing on all dispositive motions and motions to exclude expert testimony shall be scheduled.

d. **Motions in Limine**

i. **July 23, 2014** – Deadline for filing all motions *in limine*;

ii. **August 6, 2014** – Deadline for filing any responses to motions *in limine*;

iii. **August 13, 2014** – Deadline for submitting any replies in support of motions *in limine*;

iv. A hearing on all motions *in limine* shall be scheduled.

e. **Exhibit and Witness Lists**

i. **July 28, 2014** – Deadline for parties to exchange exhibit lists and, in electronic form, a full set of the underlying exhibits.

ii. **August 11, 2014** – Deadline for filing any objections to exhibit lists.

iii. **July 28, 2014** – Deadline for parties to exchange witness lists and to indicate which witnesses will be presented live at trial. If a party plans to produce a witness live at trial who has not yet been deposed, the party will present the witness for a discovery deposition on or before **August 15, 2014**.

f. **September 8, 2014** Trial Case Management Schedule in Chronological Order

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Day</th>
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<tr>
<td>Fact Discovery Cut-Off</td>
<td>January 31, 2013</td>
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<tr>
<td>Plaintiffs to Answer 213(f)(3)</td>
<td>February 28, 2014</td>
<td>Friday</td>
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<tr>
<td>Complete Depositions of Plaintiffs’ 213(f)(3)</td>
<td>March 28, 2014</td>
<td>Friday</td>
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<tr>
<td>Defendants to Answer 213(f)(3)</td>
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<td>Complete Depositions of Defendants’ 213(f)(3)</td>
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<tr>
<td>Dispositive Motions (MSJ and Expert)</td>
<td>July 18, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Motions <em>In Limine</em></td>
<td>July 23, 2014</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Exchange Witness Lists and Disclose Live Witnesses</td>
<td>July 28, 2014</td>
<td>Monday</td>
</tr>
<tr>
<td>Exchange Exhibit Lists and Provide Full Set of Exhibits</td>
<td>July 28, 2014</td>
<td>Monday</td>
</tr>
</tbody>
</table>
4. The fourth trial date in this matter is set for **January 12, 2015** and is subject to the following Case Management Schedule:

a. **Fact Discovery Cut-Off**

   i. Fact discovery, including written discovery and depositions of Rule 213(f)(1) and (f)(2) witnesses shall be completed by **June 6, 2014**.

b. **Expert Discovery**

   i. **July 7, 2014** – Deadline for Plaintiffs to answer Supreme Court Rule 213(f)(3) interrogatories;

   ii. **August 4, 2014** – Deadline for completing the depositions of Plaintiffs’ Rule 213(f)(3) witnesses;

   iii. **September 2, 2014** – Deadline for Defendants to answer Supreme Court Rule 213(f)(3) interrogatories;

   iv. **September 30, 2014** – Deadline for completing the depositions of Defendants’ Rule 213(f)(3) witnesses;

   v. **October 14, 2014** – Deadline for Plaintiffs to provide any Rule 213(f)(3) rebuttal witnesses;

   vi. **October 28, 2014** – Deadline for Defendants to complete depositions of any of Plaintiffs’ Rule 213(f)(3) rebuttal witnesses;

c. **Dispositive Motion Practice**

   i. **November 21, 2014** – Deadline for filing dispositive motions including motions for summary judgment as well as motions to exclude expert testimony;

   ii. **December 5, 2014** – Deadline for filing any responses to dispositive motions;
iii. December 12, 2014 – Deadline for submitting any replies in support of dispositive motions.

iv. A hearing on all dispositive motions and motions to exclude expert testimony shall be scheduled.

d. Motions in Limine

i. November 26, 2014 – Deadline for filing all motions in limine;

ii. December 10, 2014 – Deadline for filing any responses to motions in limine;

iii. December 17, 2014 – Deadline for submitting any replies in support of motions in limine;

iv. A hearing on all motions in limine shall be scheduled.

e. Exhibit and Witness Lists

i. December 1, 2014 – Deadline for parties to exchange exhibit lists and, in electronic form, a full set of the underlying exhibits.


iii. December 1, 2014 – Deadline for parties to exchange witness lists and to indicate which witnesses will be presented live at trial. If a party plans to produce a witness live at trial who has not yet been deposed, the party will present the witness for a discovery deposition on or before December 19, 2014.

f. January 12, 2015 Trial Case Management Schedule in Chronological Order

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<th>Event</th>
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<td>Fact Discovery Cut-Off</td>
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<td>Complete Depositions of Plaintiffs’ 213(f)(3)</td>
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<td>Plaintiffs to Disclose 213(f)(3) Rebuttal Witnesses</td>
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<tr>
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<td>November 21, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Motions In Limine</td>
<td>November 26, 2014</td>
<td>Wednesday</td>
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<tr>
<td>Exchange Witness Lists and Disclose Live Witnesses</td>
<td>December 1, 2014</td>
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<td>Responses to Dispositive Motions</td>
<td>December 5, 2014</td>
<td>Friday</td>
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<td>Responses to Motions In Limine</td>
<td>December 10, 2014</td>
<td>Wednesday</td>
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<td>--------------------------------</td>
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<tr>
<td>Replies in Support of Dispositive Motions</td>
<td>December 12, 2014</td>
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<td>Objections to Exhibit Lists</td>
<td>December 15, 2014</td>
<td>Monday</td>
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<tr>
<td>Replies in Support of Motions in Limine</td>
<td>December 17, 2014</td>
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<td>Complete Depositions of Newly Disclosed Trial Witnesses</td>
<td>December 19, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>TRIAL</td>
<td>January 12, 2014</td>
<td>Monday</td>
</tr>
</tbody>
</table>

5. The fifth trial date in this matter is set for April 13, 2015 and is subject to the following Case Management Schedule:

   a. **Fact Discovery Cut-Off**

      i. Fact discovery, including written discovery and depositions of Rule 213(f)(1) and (f)(2) witnesses shall be completed by September 12, 2014.

   b. **Expert Discovery**

      i. **October 10, 2014** – Deadline for Plaintiffs to answer Supreme Court Rule 213(f)(3) interrogatories;

      ii. **November 7, 2014** – Deadline for completing the depositions of Plaintiffs’ Rule 213(f)(3) witnesses;

      iii. **December 5, 2014** – Deadline for Defendants to answer Supreme Court Rule 213(f)(3) interrogatories;

      iv. **January 2, 2015** – Deadline for completing the depositions of Defendants’ Rule 213(f)(3) witnesses;

      v. **January 16, 2015** – Deadline for Plaintiffs to provide any Rule 213(f)(3) rebuttal witnesses;

      vi. **January 30, 2015** – Deadline for Defendants to complete depositions of any of Plaintiffs’ Rule 213(f)(3) rebuttal witnesses;

   c. **Dispositive Motion Practice**

      i. **February 20, 2015** – Deadline for filing dispositive motions including motions for summary judgment as well as motions to exclude expert testimony;

      ii. **March 6, 2015** – Deadline for filing any responses to dispositive motions;

      iii. **March 13, 2015** – Deadline for submitting any replies in support of dispositive motions.
iv. A hearing on all dispositive motions and motions to exclude expert testimony shall be scheduled.

d. **Motions in Limine**

i. **February 25, 2015** – Deadline for filing all motions *in limine*;

ii. **March 11, 2015** – Deadline for filing any responses to motions *in limine*;

iii. **March 18, 2015** – Deadline for submitting any replies in support of motions *in limine*;

iv. A hearing on all motions *in limine* shall be scheduled.

e. **Exhibit and Witness Lists**

i. **March 2, 2015** – Deadline for parties to exchange exhibit lists and, in electronic form, a full set of the underlying exhibits.

ii. **March 16, 2015** – Deadline for filing any objections to exhibit lists.

iii. **March 2, 2015** – Deadline for parties to exchange witness lists and to indicate which witnesses will be presented live at trial. If a party plans to produce a witness live at trial who has not yet been deposed, the party will present the witness for a discovery deposition on or before **March 20, 2015**.

f. **April 13, 2015** Trial Case Management Schedule in Chronological Order

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fact Discovery Cut-Off</td>
<td>September 12, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Plaintiffs to Answer 213(f)(3)</td>
<td>October 10, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Complete Depositions of Plaintiffs’ 213(f)(3)</td>
<td>November 7, 2014</td>
<td>Friday</td>
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<tr>
<td>Defendants to Answer 213(f)(3)</td>
<td>December 5, 2014</td>
<td>Friday</td>
</tr>
<tr>
<td>Complete Depositions of Defendants’ 213(f)(3)</td>
<td>January 2, 2015</td>
<td>Friday</td>
</tr>
<tr>
<td>Plaintiffs to Disclose 213(f)(3) Rebuttal Witnesses</td>
<td>January 16, 2015</td>
<td>Friday</td>
</tr>
<tr>
<td>Complete Depositions of 213(f)(3) Rebuttal Witnesses</td>
<td>January 30, 2015</td>
<td>Friday</td>
</tr>
<tr>
<td>Dispositive Motions (MSJ and Expert)</td>
<td>February 20, 2015</td>
<td>Friday</td>
</tr>
<tr>
<td>Motions <em>In Limine</em></td>
<td>February 25, 2015</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Exchange Witness Lists and Disclose Live Witnesses</td>
<td>March 2, 2015</td>
<td>Monday</td>
</tr>
<tr>
<td>Exchange Exhibit Lists and Provide Full Set of Exhibits</td>
<td>March 2, 2015</td>
<td>Monday</td>
</tr>
<tr>
<td>Responses to Dispositive Motions</td>
<td>March 6, 2015</td>
<td>Friday</td>
</tr>
<tr>
<td>Responses to Motions <em>In Limine</em></td>
<td>March 11, 2015</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Replies in Support of Dispositive Motions</td>
<td>March 13, 2015</td>
<td>Friday</td>
</tr>
<tr>
<td>Objections to Exhibit Lists</td>
<td>March 16, 2015</td>
<td>Monday</td>
</tr>
<tr>
<td>Description</td>
<td>Date</td>
<td>Day</td>
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<tr>
<td>--------------------------------------------</td>
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</tr>
<tr>
<td>Replies in Support of Motions <em>in Limine</em></td>
<td>March 18, 2015</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Complete Depositions of Newly Disclosed Trial Witnesses</td>
<td>March 20, 2015</td>
<td>Friday</td>
</tr>
<tr>
<td>TRIAL</td>
<td>April 13, 2015</td>
<td>Monday</td>
</tr>
</tbody>
</table>

It is so ORDERED.

ENTERED this the _____ day of ________, 2012.

The Honorable Deborah Mary Dooling  
Circuit Court of Cook County