IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NEW YORK

IN RE: EXACTECH POLYETHYLENE ORTHOPEDIC PRODUCTS LIABILITY LITIGATION	))))))	MDL Docket No. 3044 THE HON. NICHOLAS G. GARAUFIS, U.S.D.J. **PLAINTIFF'S PRELIMINARY DISCLOSURE FORM** **SURGERY ADDENDUM**

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

III. EXACTECH DEVICE IMPLANT INFORMATION #4			
Identify Location of Body Where Product(s) at Issue Was Implanted:	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ (check one) Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ (check one) Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐ (check one)		
If implanted with more than one Exactech Device, complete Sections III and IV for each Exactech Device. Fill out the information below for each implant and removal surgery. Add additional sheets as needed.			
Right Side Implantation Surgery #4			
Type of Exactech Device: (check one only)	Optetrak Classic ☐ Optetrak Logic ☐ Truliant ☐ Vantage ☐ Connexion GXL ☐ Conventional UHMWPE Hip Liner ☐		
Expiration Date for the Polyethylene Component if Indicated on Bar Code or Other Medical Records:		Date of Implantation:	
Catalog No./Lot No./Serial No. for Each Exactech Component:			
Name and Address of Implanting Surgeon:	Name: Street: City: State: Zip:		
Name and Address of Medical Facility Where Implant Surgery Performed:	Name: Street: City: State: Zip:		

Left Side Implantation Surgery #4			
Type of Exactech Device: (check one only)	Optetrak Classic ☐ Optetrak Logic ☐ Truliant ☐ Vantage ☐ Connexion GXL ☐ Conventional UHMWPE Hip Liner ☐		
Expiration Date for the Polyethylene Component if Indicated on Bar Code or Other Medical Records:		Date of Implantation:	
Catalog No./Lot No./Serial No. for Each Exactech Component:			
Name and Address of Implanting Surgeon:	Name: Street: City: State: Zip:		
Name and Address of Medical Facility Where Implant Surgery Performed:	Name: Street: City: State: Zip:		

IV. EXACTECH DEVICE REVISION SURGERY INFORMATION #4

	Surgery #1	Surgery #2	Surgery #3
Date of Revision Surgery(ies):			
Name(s) and Address(es) of Explanting Surgeon(s):	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:
Name(s) and Address(es) of Medical Facility(ies) Where Revision Surgery(ies) Was Performed:	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:
Identify the components removed during the revision surgery:			
Are You in Possession of Explanted Component(s)?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Location of Explant(s):			
Identify Location of Body Where Revision Surgery Was Performed:	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐

III. EXACTECH DEVICE IMPLANT INFORMATION #5

Identify Location of Body Where Product(s) at Issue Was Implanted:	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ (check one) Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ (check one) Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐ (check one)

If implanted with more than one Exactech Device, complete Sections III and IV for each Exactech Device. Fill out the information below for each implant and removal surgery. Add additional sheets as needed.

Right Side Implantation Surgery #5

Type of Exactech Device: (check one only)	Optetrak Classic ☐ Optetrak Logic ☐ Truliant ☐ Vantage ☐ Connexion GXL ☐ Conventional UHMWPE Hip Liner ☐		
Expiration Date for the Polyethylene Component if Indicated on Bar Code or Other Medical Records:		Date of Implantation:	
Catalog No./Lot No./Serial No. for Each Exactech Component:			
Name and Address of Implanting Surgeon:	Name: Street: City: State: Zip:		
Name and Address of Medical Facility Where Implant Surgery Performed:	Name: Street: City: State: Zip:		

Left Side Implantation Surgery #5

Type of Exactech Device: (check one only)	Optetrak Classic ☐ Optetrak Logic ☐ Truliant ☐ Vantage ☐ Connexion GXL ☐ Conventional UHMWPE Hip Liner ☐		
Expiration Date for the Polyethylene Component if Indicated on Bar Code or Other Medical Records:		Date of Implantation:	
Catalog No./Lot No./Serial No. for Each Exactech Component:			
Name and Address of Implanting Surgeon:	Name: Street: City: State: Zip:		
Name and Address of Medical Facility Where Implant Surgery Performed:	Name: Street: City: State: Zip:		

IV. EXACTECH DEVICE REVISION SURGERY INFORMATION #5			
	Surgery #1	**Surgery #2**	**Surgery #3**
Date of Revision Surgery(ies):			
Name(s) and Address(es) of Explanting Surgeon(s):	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:
Name(s) and Address(es) of Medical Facility(ies) Where Revision Surgery(ies) Was Performed:	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:
Identify the components removed during the revision surgery:			
Are You in Possession of Explanted Component(s)?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Location of Explant(s):			
Identify Location of Body Where Revision Surgery Was Performed:	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐

III. EXACTECH DEVICE IMPLANT INFORMATION #6

Identify Location of Body Where Product(s) at Issue Was Implanted:	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ (check one) Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ (check one) Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐ (check one)

If implanted with more than one Exactech Device, complete Sections III and IV for each Exactech Device. Fill out the information below for each implant and removal surgery. Add additional sheets as needed.

Right Side Implantation Surgery #6

Type of Exactech Device: (check one only)	Optetrak Classic ☐ Optetrak Logic ☐ Truliant ☐ Vantage ☐ Connexion GXL ☐ Conventional UHMWPE Hip Liner ☐		
Expiration Date for the Polyethylene Component if Indicated on Bar Code or Other Medical Records:		Date of Implantation:	
Catalog No./Lot No./Serial No. for Each Exactech Component:			
Name and Address of Implanting Surgeon:	Name: Street: City: State: Zip:		
Name and Address of Medical Facility Where Implant Surgery Performed:	Name: Street: City: State: Zip:		

Left Side Implantation Surgery #6

Type of Exactech Device: (check one only)	Optetrak Classic ☐ Optetrak Logic ☐ Truliant ☐ Vantage ☐ Connexion GXL ☐ Conventional UHMWPE Hip Liner ☐		
Expiration Date for the Polyethylene Component if Indicated on Bar Code or Other Medical Records:		Date of Implantation:	
Catalog No./Lot No./Serial No. for Each Exactech Component:			
Name and Address of Implanting Surgeon:	Name: Street: City: State: Zip:		
Name and Address of Medical Facility Where Implant Surgery Performed:	Name: Street: City: State: Zip:		

IV. EXACTECH DEVICE REVISION SURGERY INFORMATION #6			
	Surgery #1	**Surgery #2**	**Surgery #3**
Date of Revision Surgery(ies):			
Name(s) and Address(es) of Explanting Surgeon(s):	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:
Name(s) and Address(es) of Medical Facility(ies) Where Revision Surgery(ies) Was Performed:	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:	Name: Street: City: State: Zip:
Identify the components removed during the revision surgery:			
Are You in Possession of Explanted Component(s)?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Location of Explant(s):			
Identify Location of Body Where Revision Surgery Was Performed:	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐	Right hip ☐ Left hip ☐ Both hips ☐ No hip ☐ Right knee ☐ Left knee ☐ Both knees ☐ No knee ☐ Right ankle ☐ Left ankle ☐ Both ankles ☐ No ankle ☐

BY: ______________________________ *Dated:* ______________________

Attorney for Plaintiff: