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
	1:22-md-03044 (NGG)(MMH)
	CASE MANAGEMENT ORDER NO. 2
This Document Applies to All Cases	

I. SCOPE OF THE ORDER

This Order shall apply to all Plaintiffs and their counsel for actions relating to Exactech Polyethylene Orthopedic Products that are currently pending in MDL No. 3044, hereinafter subject to transfer to these proceedings, or that have been or will be direct-filed in the Court (collectively, "the MDL proceedings") and all Defendants and their counsel in the MDL proceedings.

II. PLAINTIFF'S PRELIMINARY DISCLOSURE FORM

1. The Plaintiff's Preliminary Disclosure Form, attached as Exhibit A, shall be completed within thirty (30) days of the filing of the complaint in this MDL or within thirty (30) days of the transfer of the complaint from another District to this MDL, or within thirty (30) days of the signing of this Case Management Order No. 2 enabling order, whichever is later. The Plaintiff's Preliminary Disclosure Form shall be served electronically on both Plaintiffs' and Defendants' Lead and Liaison Counsel via secured file transfer or encrypted transmission . Service on Plaintiffs' Lead and Liaison Counsel shall be to: exactech.disclosure@robinskaplan.com. Service on Defendants' Lead and Liaison Counsel shall be to: Exactech.disclosure@faegredrinker.com.

2. The Plaintiff's Preliminary Disclosure Form shall be completed by counsel for the Plaintiff. It is not a verified discovery response. Instead, the Form is designed to obtain basic

information on product identification, implantation, and the status of any revision surgery. A fillable PDF form is available at: exactechmdlfilings.com.

IT IS SO ORDERED.

DATED: January 25, 2023

Marcia M. Henry

The Honorable Marcia M. Henry
United States Magistrate Judge

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IN RE: EXACTECH POLYETHYLENE ORTHOPEDIC PRODUCTS LIABILITY LITIGATION	))))))	MDL Docket No. 3044 1:22-md-03044 (NGG)(MMH) **PLAINTIFF'S PRELIMINARY DISCLOSURE FORM**

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.

I. CASE INFORMATION			
Caption:		Primary Attorney & Contact Information:	
Docket No.:			

II. PATIENT INFORMATION			
Name of Individual Implanted with Exactech Device:		Date of Birth:	
Address:		Loss of Consortium Claim:	Y/N
Last 4 Digits of Social Security No.:	xxx-xx-_ _ _ _	If yes, name of spouse:	
Name & Contact Information of Estate Representative if Individual Implanted with Exactech Device is Deceased:			

III. EXACTECH DEVICE IMPLANT INFORMATION	
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			
Type of Exactech Device: (circle 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 and Address of Medical Facility Where Implant Surgery Performed:			

Left Side Implantation Surgery	
Type of Exactech Device: (circle 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 and Address of Medical Facility Where Implant Surgery Performed:			

IV. EXACTECH DEVICE REVISION SURGERY INFORMATION

Date of Revision Surgery(ies):			
Name(s) and Address(es) of Explanting Surgeon(s):			
Name(s) and Address(es) of Medical Facility(ies) Where Revision Surgery(ies) Was Performed:			
Identify the components removed during the revision surgery:			
Are You in Possession of Explanted Component(s)?	Y/N	Location of Explant(s):	
Identify Location of Body Where Revision Surgery Was Performed:	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)		

V. ADDITIONAL MEDICAL INFORMATION

Imaging Study(ies) Conducted? (e.g., MRI/CT/X-Rays)	Y/N	If yes, list which reports are available:	
Pathology Studies Conducted?	Y/N	If yes, list which reports and/or specimens are available:	

VI. DOCUMENTS TO BE ATTACHED

1. Attach records establishing the product identification and pages with manufacturer/product stickers for every product implanted;
2. Attach the implant operative report(s);
3. Attach the revision operative report(s); and
4. Attach the revision pathology report(s).

BY:_____ _____

Attorney for Plaintiff – *INSERT NAME & FIRM* *Dated*