

# **EXHIBIT D**

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK  
BROOKLYN DIVISION

.....X

*IN RE: EXACTECH POLYETHYLENE  
ORTHOPEDIC PRODUCTS LIABILITY  
LITIGATION*

Case No.: 22-md-3044-NGG-MMH  
MDL No. 3044

**SUPPLEMENTAL DEFENDANT FACT SHEET**

*This Document Applies To:* Judge Nicholas G. Garaufis  
Magistrate Judge Marcia M. Henry

*All Cases*

.....X

Plaintiff(s): \_\_\_\_\_

Civil Action Number: \_\_\_\_\_

**SUPPLEMENTAL DEFENDANT FACT SHEET**

This Supplemental Defendant Fact Sheet (“Supplemental”) must be completed by Defendant within forty-five (45) days of being placed in a bellwether pool. The Definitions contained in the Core Defendant Fact Sheet apply here. Defendant will answer every question to the best of its knowledge. Defendant will not object to these questions.

**I. Dear Healthcare Provider Letters and Other Communications with Plaintiff’s Implanting and Revising Orthopedic Surgeons**

- a. Identify whether e-mails, communications, or other documents reflecting telephone conversations, in-person, or web meetings, or other correspondence between Defendant and Sales Representatives, Affiliated Distributorships, and/or Plaintiff’s implanting or revision surgeons about the Devices exist.

Yes \_\_\_\_\_ No \_\_\_\_\_

To the extent documents responsive to this demand exist, produce copies of those documents.

- b. To the extent not already produced above, produce copies of any emails, memos, or other communications or documentation of communications between Plaintiff's implanting and/or revision surgeon and any employees and/or representatives of Defendants, in the five (5) years after Plaintiff's revision surgery, regarding the revision surgery(ies) performed on Plaintiff.

## **II. Broadspire Documents**

1. Identify any claim file that has been opened by Broadspire concerning Plaintiff, including the date the file was opened and any file number assigned.
2. Produce copies of all communications between Broadspire (and anyone acting on Broadspire's behalf) and any of Plaintiff's Healthcare Providers about Plaintiff.
3. Produce copies of records reflecting all payments made to Plaintiff directly, or others on Plaintiff's behalf, by Broadspire. For each payment, please identify the Person who made the payment, the Person paid, the amount paid, the date paid and the reasons for such payment.
4. Produce all documents Broadspire has obtained directly from the Plaintiff.
5. Produce all documents Broadspire has obtained from sources other than Plaintiff (Plaintiff's Healthcare providers, employers, insurers, or others) using an authorization executed by Plaintiff.
6. Produce copies of payments made by Broadspire on behalf of a Plaintiff to any medical providers who have asserted or may assert liens against Plaintiff's recovery.
7. Identify and produce all medical or laboratory records relating to Plaintiff obtained by Exactech, Inc. and/or Broadspire through the use of a written authorization.

## **III. Device Manufacturer Information**

For each Device identified by Plaintiff in response to Section III of Plaintiff's Preliminary Disclosure Form, please provide the following:

1. Date of Manufacture.
2. Quality Assurance/Quality Control QA/QC and inspection report or documentation for each Device implanted in Plaintiff.
3. Name and Address of Manufacturing Facility for each Device implanted in Plaintiff.
4. Location where each Polyethylene Component implanted in Plaintiff was stored from when it left the Exactech facility in Florida until the day it was implanted in Plaintiff and attach all Chain of Custody documentation.

**IV. SALES REPRESENTATIVES/DISTRIBUTORS**

1. Indicate if Exactech contends that the Representatives and or Distributor have not been reasonably available to them to assist with any responses to this DFS, and if unavailable, the basis therefore.
2. Attach the Delivered Goods / Transfer of Inventory Form faxed, emailed or uploaded to Exactech reflecting that surgery and sale of Exactech products, any notes of such procedures and any communications to Defendant about the implant and revision surgeries.

**VERIFICATION**

I am employed by Exactech, Inc., one of the Defendants in this action. I am authorized by Defendants to make this Verification on each corporation's behalf. The foregoing answers were prepared with the assistance of a number of individuals, including counsel for Defendants, upon whose advice and information I relied. I declare under penalty of perjury that all of the information as to the foregoing Defendants provided in this Defendant Fact Sheet-Fina is true and correct to the best of my knowledge upon information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_