

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION**

**IN RE: Seroquel Products Liability Litigation,
MDL DOCKET NO. 1769 (ALL CASES)**

**DEFENDANT ASTRAZENECA'S NOTICE TO COURT REGARDING
STATUS OF AN AGREED UPON PLAINTIFFS' FACT SHEET**

Defendants AstraZeneca LP and AstraZeneca Pharmaceuticals LP (collectively "AstraZeneca"), through its attorneys, submits the following Notice to Court Regarding Status of an Agreed Upon Plaintiffs' Fact Sheet.

By Order dated September 11, 2006, this Court set September 21, 2006 as the deadline for the parties' agreement on the form for a Plaintiffs' Fact Sheet ("PFS"), and November 7, 2006 as the deadline for production of completed PFSs for current plaintiffs. On September 15, 2006, counsel for AstraZeneca forwarded to plaintiffs a proposed PFS form (see attached as Exhibit A) that was modeled on the one used in the Zyprexa MDL, but which was approximately half the length. On September 19, 2006, plaintiffs responded not by providing comments on AstraZeneca's proposed PFS, but by counter-proposing a two-step PFS process consisting of an initial one page sheet and a second pre-deposition PFS (quite similar to that proposed by AstraZeneca) (see attached as Exhibit B).

On September 21, 2006, counsel for AstraZeneca informed plaintiffs that the proposed bi-modal approach was unacceptable, explaining that the minimal information provided by plaintiffs' one-page initial disclosure would not provide the essential information needed by AstraZeneca to collect records and defend these cases (see attached as Exhibit C). Counsel for AstraZeneca also noted that the real issue appeared to be timing of production and expressed

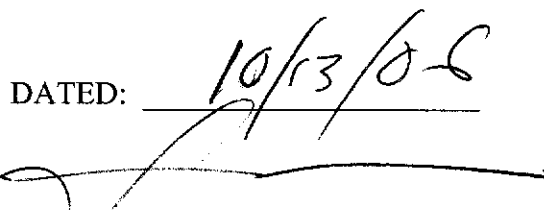
willingness to work with plaintiffs on that issue. *Id.* In fact, during negotiations over the next few weeks, plaintiffs abandoned their bi-modal approach, informing counsel for AstraZeneca that they would use AstraZeneca's proposed PFS, but that they were concerned about the timing of production.

Negotiations continued through this morning focusing on the timing of production. Today, for the first time, plaintiffs informed counsel for AstraZeneca of their unilateral decision to produce materials as they had initially proposed (see attached as Exhibit D).

Counsel for AstraZeneca, recognizing an impasse had been reached, asked plaintiffs if Magistrate Judge Baker could be contacted for guidance on this matter. Plaintiffs did not object. Counsel for AstraZeneca contacted Magistrate Judge Baker's chambers; however, both of Magistrate Judge Baker's clerks were gone for the day. Plaintiffs then filed, without informing AstraZeneca in advance, their Notice to the Court.

At this juncture, counsel for AstraZeneca does not believe further negotiations with plaintiffs would be fruitful and respectfully requests guidance from the Court as to how it wishes to proceed. Toward that end, counsel for AstraZeneca are willing to make themselves available for discussions with Magistrate Judge Baker either by telephone or in person, as it pleases the Court.

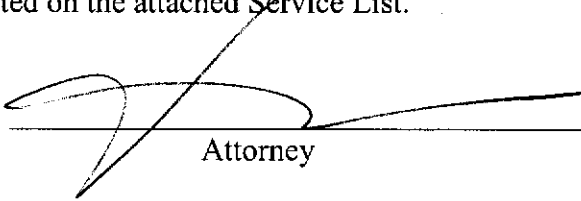
DATED: 10/13/08



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James W. Mizgala
SIDLEY AUSTIN LLP
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*Counsel for AstraZeneca LP and AstraZeneca
Pharmaceuticals LP*

CERTIFICATE OF SERVICE

I hereby certify that, on the 12 of October, 2006, I caused to be served a copy of the foregoing by U.S. Mail to the individuals listed on the attached Service List.



Attorney

SERVICE LIST

(As of September 7, 2006)

**In Re: Seroquel Products Liability Litigation
MDL Docket No. 1769**

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Exhibit A

Mizgala, James W.

From: Mizgala, James W.
Sent: Friday, September 15, 2006 3:36 PM
To: 'Pennock, Paul'
Subject: Seroquel MDL -- proposed PFS
Attachments: Seroquel PFS.pdf

Sorry to hear about your loss.

And, as promised, here's our proposed PFS. We labored over this long and hard and believe you and your colleagues will be pleased with the result.

Talk to you soon.

From: Pennock, Paul [mailto:PPennock@weitzlux.com]
Sent: Friday, September 15, 2006 11:38 AM
To: Mizgala, James W.
Subject:

James,

Someone I know very well died on Monday, not unexpected but still was a long week for her family and my friends and I was with them much of the week. Nevertheless, I'm expecting to send to you later today a preservation order, a protective order and a fact sheet proposal. A proposed Complaint will not be available until after the weekend.

PLAINTIFF FACT SHEET

Please provide the following information for each individual on whose behalf a claim is being made. If you are completing this questionnaire in a representative capacity, please respond to all questions with respect to the person who used Seroquel® (quetiapine). Those questions using the term "You" refer to the person who used Seroquel®. In filling out this form, please use the following definitions: (1) "healthcare provider" means any hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical, dietary, ophthalmology, psychiatric or psychological care or advice, and any pharmacy, weight loss center, dentist, x-ray department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, physician, psychiatrist, osteopath, homeopath, chiropractor, psychologist, therapist, nurse, herbalist, nutritionist, dietician, or other persons or entities involved in the evaluation, diagnosis, care and/or treatment of you; (2) "document" means any writing or record of every type that is in your possession or the possession of your counsel, including but not limited to written documents, e-mail, cassettes, videotapes, DVDs, photographs, charts, computer discs or tapes, x-rays, drawings, graphs, phono-records, non-identical copies and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into 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, instructions, Seroquel® product, or other materials or items that you are requested to produce as part of answering this fact sheet or that relate to Seroquel®, any other antipsychotic medication you allegedly took, or the incident, injuries, claims, 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 also 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 this Fact Sheet you are under oath and must provide information that is true and correct to the best of your knowledge.

I. PRELIMINARY INFORMATION

- A. Seroquel® User's Full Name _____
- B. MDL Case No. _____ Court where originally filed _____
- C. Your Attorney's Name: _____
Firm: _____
Address: _____
Telephone number: _____ Fax number: _____
E-mail address: _____

If you are completing this Fact Sheet on behalf of the estate of a deceased person or a minor, state:

- 1. Your name and address: _____

- 2. Representative capacity (*i.e.*, administrator, executor, or guardian) _____
- 3. Your relationship to deceased or represented person _____
- 4. Court which appointed you and date of appointment _____

II. PERSONAL INFORMATION FOR THE SEROQUEL® USER

- A. Address: _____
- B. Maiden, or any other names used by you, and dates of use: _____
- C. Social Security Number: _____
- D. Date and city of birth: _____ Date of Death: _____
- E. Sex: Male _____ Female: _____
- F. Ethnicity: African-American _____ Caucasian _____ Hispanic _____ Native American _____
Other (please specify) _____
- G. Marital Status: _____
- H. 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 _____
If yes, state the condition and the date of occurrence: _____

I. Schools you have attended (high school and beyond):

1. High School:
 Name: _____
 Address: _____
 Grade completed: _____
 Dates of attendance: _____

2. If you attended school beyond high school, as to each school state:
 Name: _____
 Address: _____
 Dates of attendance: _____
 Degree awarded and major: _____

* Please attach additional pages as needed.

III. EMPLOYMENT INFORMATION

A. For each employer for the past ten (10) years, state:

Name of Employer	Address and Phone Number	Job Title/Duties	Dates Employed

* Please attach additional pages as needed

B. Have you ever been unemployed? Yes _____ No _____
 If yes, state date(s) of and reasons for any unemployment: _____

C. Have you ever been out of work for more than thirty (30) days for reasons related to your health (medical, physical, psychiatric or emotional condition)? Yes _____ No _____
 If yes, please state the dates, employer and health condition: _____

IV. SEROQUEL®

Date(s) of Use	Dose	Name and Address of Prescribing Physician	Reason for Use	Name and Address of Dispensing Pharmacy

A. Do you continue to take Seroquel®? Yes _____ No _____
 If no, state when you stopped and why: _____

B. Has any healthcare provider recommended that you not use Seroquel®? Yes _____ No _____

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

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

C. Have you had any communication, oral or written, with AstraZeneca Pharmaceuticals LP and/or AstraZeneca LP or any of their representatives? Yes ____ No ____

V. INJURIES, SYMPTOMS, DIAGNOSES & DAMAGES

A. Are you claiming to have suffered any physical, mental or emotional condition as a result of using Seroquel®? Yes ____ No ____

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

1. Detailed description of condition: _____

2. The date you first became aware of the condition: _____
3. How you first became aware of it: _____
4. Whether you have consulted with any healthcare provider(s) regarding the condition?
 Yes ____ No ____
 If yes, please identify healthcare provider's name and address: _____

* Please attach additional pages if necessary.

C. Are you claiming that you have paid, or will have to pay, any monetary expenses or fees as a result of having used Seroquel®? Yes ____ No ____
 If yes, please itemize: _____

VI. HEALTHCARE PROVIDERS AND PHARMACIES

A. Identify the following for each healthcare provider, **including psychiatrists, psychologists, social workers, or mental health professionals**, you have consulted since ten (10) years prior to your first ingestion of Seroquel® (or if you are a minor please list *all* healthcare providers):

Name and Specialty	Address and Phone Number	Dates of Treatment	Reason for Treatment

Name and Specialty	Address and Phone Number	Dates of Treatment	Reason for Treatment

* 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 since ten (10) years prior to your first ingestion of Seroquel® (or if you are a minor please list *all* hospitalizations):

Name of Facility	Address and Phone Number	Dates of Treatment	Reason for Treatment

* 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 since ten (10) years prior to your first ingestion of Seroquel® to present (or if you are a minor please list *all* pharmacies, etc.):

Name	Address and Phone Number	Dates You Filled Prescriptions

*Please attach additional pages if necessary.

VII. MEDICAL BACKGROUND

A. Current Height _____ Weight _____

B. Have you ever taken medications (prescription or over-the-counter) to control your weight?

Yes _____ No _____

If yes, please list the medication(s), the date(s) you took the medication(s), and the healthcare provider(s) that prescribed the medication(s) (if applicable):

C. Drinking History

1. Do you currently drink alcohol (beer, wine, whiskey, etc.)? Yes _____ No _____

If yes, how many drinks per day? _____

2. Have you ever drunk alcohol (beer, wine, whiskey, etc.)? Yes _____ No _____

If yes, what was your greatest alcohol consumption over an extended (six (6) month or greater) period within the last ten (10) years: _____ drinks per day

When was this period? _____ to _____

D. Medical History: Have you ever been diagnosed or treated for any of the following?

Condition	Yes	No	Dates of Diagnosis/Treatment
Schizophrenia			
Bipolar Disorder			
Depression			
Any other mental illness or disease (If yes, please specify _____)			
Type I diabetes mellitus			
Type II diabetes mellitus or NIDDM			
Diabetes mellitus			
Gestational Diabetes			
Diabetic coma			
Diabetic ketoacidosis (DKA)			
Diabetic ketosis			
Glycosuria/gluco-suria (sugar in your urine)			
Hyperglycemia (high blood sugar)			
Any other problems related to blood sugar, glucose, ketones, or insulin			
High Cholesterol/hyperlipidemia			
High triglycerides			
Obesity (overweight)			
Pancreatitis			
Neuroleptic Malignant Syndrome			
Tardive Dyskinesia or other movement disorder			
Extrapyramidal Symptoms (EPS)			
Hyperprolactinemia			

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

If yes, please identify:

Injury, illness or disability: _____

Date(s) of onset: _____

Date(s) of diagnosis: _____

Physician by whom first treated: _____

Physician's address (if not otherwise provided): _____

VIII. MEDICATIONS

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

Medication	Yes	No	If yes, dose and dates of usage
Abilify (Aripiprazole)			
Clozaril (Clozapine)			
Geodon (Ziprasidone)			
Haldol (Haloperidol)			
Navane (Thiothixine)			
Risperdal (Risperidone)			
Solian (Amisulpride)			
Stelazine (Trifluoperazine)			
Thorazine (Chlorpromazine)			
Trilafon/Triavil (Perphenazine)			
Zyprexa/Symbyax (Olanzapine)			
Any other psychiatric medication (If yes, please specify _____)			

B. Have you ever taken or used any illicit drugs or methadone? Yes ___ No ___

If yes, please list drug(s) and period(s) of use: _____

IX. FAMILY MEDICAL HISTORY

A. Please indicate whether your *parents, siblings, children or grandparents* have ever suffered from or treated for any of the following:

Condition	Yes	No	If yes, identify the family member(s)
Obesity			
Diabetes			
Hyperglycemia			
Hypertension or high blood pressure			
Vascular problems or poor circulation			
Glucose Intolerance			
Glandular disease			
High cholesterol or triglycerides			
Alcoholism			
Any psychiatric disease or abnormality (If yes, please specify _____)			

X. FACT WITNESSES

A. Other than your healthcare providers, please identify all persons whom you believe possess information concerning your injury and/or other facts related to your claim:

Name	Address and phone number	Type of information

B. Have you obtained a statement, oral or written, from any person not a party to this action?
 Yes _____ No _____ (If yes, please attach a copy.)

XI. INSURANCE AND BENEFITS

A. Has any insurance or other company (including Medicare/Medicaid) provided you with medical coverage or paid your medical bills at any time beginning ten (10) years prior to your prescription of Seroquel® through the present? Yes _____ No _____
 If yes, then identify the following as to each such company:

Name of Company	Address and Phone Number	Policy Number

B. Have you ever applied for worker's compensation, social security, state or federal disability benefits or any other form of disability claim? Yes _____ No _____
 If yes, then identify the following as to each application submitted:

Agency	Date of Submission	Nature of Injury	Claim/Docket Number

XII. PRIOR LEGAL ACTIONS

- A. Have you ever been a party to a lawsuit, judicial proceeding or made a claim (other than in the present suit) whether civil, criminal or administrative? Yes _____ No _____
If yes, then identify the following as to each:

Caption and Case No.	Date Filed	Nature of Action	Outcome	Your Lawyer's Name and Address

- B. Have you ever been convicted of, or pled guilty to, a misdemeanor or felony? Yes _____ No _____
If yes, describe the crime or offense, the state and county, and the outcome of the charge:

- C. Are you a participant in any settlement relating to your use of Zyprexa? Yes _____ No _____

XIII. DOCUMENTS

- A. Please sign and attach to this Fact Sheet the authorizations for the release of 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 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 Seroquel® is quetiapine.**
1. Medical records from any physician, hospital or healthcare provider for the ten (10) years prior to your first ingestion of Seroquel® to present. Yes _____ No _____
 2. Pharmacy records for the ten (10) years prior to your first ingestion of Seroquel® to present, including receipts, prescriptions or records of purchase. Yes _____ No _____
 3. Advertisements for Seroquel® or articles discussing Seroquel® which you reviewed before and during the time you took Seroquel®. Yes _____ No _____
 4. The packaging, including the box and label, for Seroquel® 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 Seroquel®. Yes _____ No _____

6. Documents that mention Seroquel®, or any alleged health risks or hazards related to Seroquel® in your possession at or before the time of the injury alleged in your complaint. Yes ___ No ___
7. Statements obtained from or given by any person having knowledge of facts relevant to the subject of this litigation. Yes ___ No ___
8. Documents that were provided to you by any of the defendants. Yes ___ No ___
9. Documents constituting any communications or correspondence between you and any representative of the defendants. Yes ___ No ___
10. Documents concerning any antipsychotic medications you have used or ingested, other than Seroquel®. Yes ___ No ___
11. Photographs, drawings, journals, slides, videos, DVDs or any other media relating to your alleged injury or your life after the incident. Yes ___ No ___
12. If you claim you have suffered a loss of earnings or earnings capacity, your federal tax returns for each of the last five (5) years. Yes ___ No ___
13. 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. Yes ___ No ___
14. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy or other healthcare provider. Yes ___ No ___
15. 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.
Yes ___ No ___
16. Copies of all pleadings, including but not limited to complaints, answers, answers to interrogatories, deposition notices, transcripts of depositions, settlement papers, releases, stipulations of dismissal and covenants not to sue, in any action for personal injuries by or on behalf of you at any time during your life. Yes ___ No ___
17. Journals, diaries, notes, letters, e-mails or other documents written by you or received by you which refer to your health or well-being, including any injuries or illnesses, or which refer to Seroquel®, or the risks or benefits of Seroquel®, or which refer to the use of any other antipsychotic medications. Yes ___ No ___
18. Print-outs of all websites or blogs which are maintained or created by you.
Yes ___ No ___
19. Print-outs of internet postings made by you which relate to your health or well-being, including any injuries or illnesses, or which refer to Seroquel®, or the risks or benefits of Seroquel®, or which refer to the use of any other antipsychotic medications.
Yes ___ No ___

ACKNOWLEDGEMENT

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

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

Date: _____

Signature

AUTHORIZATION FOR RELEASE OF ALL 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, mental health clinics, mental health hospitals, 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/mental 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:

and to
Sidley Austin LLP
One South Dearborn Street
Chicago, Illinois 60603

and to Representatives of AstraZeneca

I understand that this authorization includes but is not limited to information regarding the diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), and psychiatric and psychological disorders including Psychotherapy Notes¹ as defined by the Health Insurance Portability and Accountability Act 45 CFR 164.50. 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, inform 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, psychiatric treatment and counseling records, psychological treatment and counseling records, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records

¹ Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional (including social workers) documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record.

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.

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 (if applicable)

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

Address:
[Plaintiff'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 B

Mizgala, James W.

From: Pennock, Paul [PPennock@weitzlux.com]
Sent: Tuesday, September 19, 2006 6:04 PM
To: Mizgala, James W.
Subject: Fact Sheets
Attachments: Initial Fact Sheet page.wpd; Plaintiff's Pre-Deposition Fact Sheet 09_18_06 updated.doc

James,

Here's what we are proposing. We will get the Initial Fact Sheet to you by Nov 6 (substantial compliance) and otherwise within 60 days of filing. This will come with the primary medical record authorizations and pharmacy authorizations. The more extensive fact sheet must be served at least 90 days prior to the plaintiffs' deposition being conducted.

Let us know what you think. I will tell you that, from this side, we feel that the Initial Fact Sheet is enough and we only offer the second, pre-deposition, fact sheet in a good faith effort to reach agreement with you.

Plaintiff's Name: _____
Docket Number: _____

**IN RE: SEROQUEL PRODUCT LIABILITY LITIGATION
MDL DOCKET NO. 1769**

INITIAL PLAINTIFF'S FACT SHEET
(To be served within 60 days of filing of complaint.)

Claimant's Full Name: (The person prescribed Seroquel)	
Name, address and relationship of personal representative (if filing on behalf of someone else that took Seroquel):	
Claimant's Social Security #:	
Claimant's Gender:	Male ___ Female ___
Claimant's Date of Birth:	
Claimant's Address:	
Attorney Representing:	
Seroquel usage dates:	
Reason(s) for Prescription:	
Name and address of prescribing physician(s):	
Name and address of pharmacy where prescriptions filled:	
Principal injury or injuries for which claim is asserted:	
Date(s) of principal injury or injuries:	
Name and address of physician or facility that diagnosed principal injury or injuries:	

PLAINTIFF'S NAME: _____

DOCKET NUMBER: _____

IN RE: SEROQUEL PRODUCT LIABILITY LITIGATION
MDL DOCKET NO. 1769

PRE-DEPOSITION PLAINTIFF'S FACT SHEET

(To be served at least 90 days prior to Plaintiff's deposition.)

Each Plaintiff who used Seroquel must complete this Fact Sheet. In completing this 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.

If you are completing the form for someone who has died or who cannot complete the Fact Sheet him/herself, please answer as completely as you can for that person. You may attach as many sheets of paper as necessary to answer these questions.

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

1. Your name: _____

2. Address: _____

3. In what capacity are you representing the person? _____

4. If a court appointed you to act on behalf of the estate of the deceased person or minor, state the court and date of appointment: _____

5. Your relationship to deceased or represented person: _____

6. If you represent a decedent's estate, state the date of decedent's death: _____

The remainder of this Fact Sheet requests information about the person who used Seroquel. If you are completing this Fact Sheet for someone else, please assume that "you" means the person who used Seroquel.

II. **Personal Information**

A. Name: _____

B. Maiden name or other names used or by which you have been known, and the dates used: _____

C. Current Address: _____

D. Date and city of birth: _____

E. Sex: Male _____ Female _____

F. Ethnicity: Caucasian (white) _____ Hispanic _____ Black _____
Native American _____ Asian _____ Other (please specify) _____

G. Marital Status: _____

H. If applicable, name of current spouse and date of marriage: _____

I. Number of children, if applicable: _____

J. Are you making a claim for lost wages or lost earning capacity? ___ Yes ___ No

If yes, current or last employer:

Name: _____

Address: _____

Dates Employed: _____

Full-time or Part-time: _____

If yes, please complete the attached employment authorization.

K. If you are making a claim for lost income or earning capacity, did you attend school beyond high school? ___ Yes ___ No

If "yes," please complete the following for each school that you attended after high school:

Name of School	Address	Dates of Attendance	Degree Awarded	Major or primary field

- L. Has any insurance or other company provided medical coverage to you or paid medical bills on your behalf since you began taking Seroquel? ___ Yes ___ No

If "yes," please complete the following:

Name of Company	Address

- M. Have you applied for workers' compensation, social security, or state or federal Disability benefits since you began taking Seroquel? ___ Yes ___ No

If "yes," please complete the following for each application.

1. Date (or year) of application: _____
2. Agency or company you submitted your application (e.g., Pennsylvania Division of Social Security) and the type of benefits sought: _____
3. Name and address of any lawyer that assisted you with your claim: _____

III. **Your Mental Health Care Providers**

- A. Please provide the following information for each psychiatrist, psychologist, counselor, other professional, clinic or healthcare provider that you have seen since you began taking Seroquel?

1. Name: _____
Specialty, if any: _____
Address: _____
Reason(s) for visit(s): _____

2. Name: _____
Specialty, if any: _____
Address: _____

Reason(s) for visit(s): _____

3. Name: _____
Specialty, if any: _____
Address: _____
Reason(s) for visit(s): _____

4. Name: _____
Specialty, if any: _____
Address: _____
Reason(s) for visit(s): _____

IV. **Health Care Providers**

A. Please provide the following information for each other doctor, clinic or healthcare provider that you have seen or who has treated you in the prior ten (10) years? (Whose names have not yet been provided.) (Attached separate pages as needed.)

1. Name: _____
Specialty: _____
Address: _____
Years of treatment: _____

2. Name: _____
Specialty: _____
Address: _____
Years of treatment: _____

V. **Your Medical Background**

A. Height: _____

B. Current Weight: _____

C. **Hospitalizations**

Please provide the following information for each hospitalization that you have had during the last ten (10) years.

1. Name of hospital: _____
Address: _____
Reason(s) for hospitalization(s): _____

2. Name of hospital: _____
Address: _____
Reason(s) for hospitalization(s): _____

3. Name of hospital: _____
Address: _____
Reason(s) for hospitalization(s): _____

[ATTACH ADDITIONAL PAGES, IF NECESSARY]

E. Before taking Seroquel did you ever have any of the following conditions:

Condition	Yes	No	Unsure
Diabetes			
Diabetic coma			
Diabetic ketoacidosis (DKA)			
Diabetic ketosis			
Gestational diabetes (diabetes during pregnancy)			
Glycosuria/glucosuria (sugar in your urine)			
Hyperglycemia (high blood sugar)			
Hyperglycemic hyperosmolar nonketotic syndrome (HHNS)			
Hyperinsulinism (excessive amount of insulin)			
Hypoglycemia (low blood sugar)			
Impaired glucose tolerance (IGT)			
Insulin resistance			
Ketonemia (ketone bodies in your blood)			
Keonuria (ketone bodies in your urine)			
Lactic acidosis			
Metabolic acidosis			
Metabolic syndrome			
Mumps			
Pancreatitis			
Viral Hepatitis			
Blurred vision			
Polydipsia (excessive thirst)			
Polyphagia (excessive hunger or appetite)			
Polyuria (excessive output of urine)			
Biliary tract disease (gallstones)			
Weight loss			
Abnormal cholesterol			
Elevated triglycerides			
Hypertension (high blood pressure)			
Cerebrovascular disease			
Ischemic heart disease (decreased blood supply to the heart muscle)			
Obesity (overweight)			
Polycystic ovary syndrome			

If you responded "yes" to any of the above, please complete the following information for each condition:

- a. Condition and date of diagnosis: _____
 Name of diagnosing doctor or facility where diagnosed: _____

- b. Condition and date of diagnosis: _____
 Name of diagnosing doctor or facility where diagnosed: _____

- c. Condition and date of diagnosis: _____
 Name of diagnosing doctor or facility where diagnosed: _____

[ATTACH ADDITIONAL PAGES, IF NECESSARY]

VI. **Seroquel Use**

A. How did you get Seroquel:

- 1. Prescription _____
- 2. Free Samples _____
- 3. In patient hospitalization _____
- 4. Other _____

Dates of use of Seroquel	Dosage	Prescribed or dispensed by (name and address)	Dispensing pharmacy, physician or hospital (name and addresses)

B. Were you given any written instructions, including any prescriptions, packaging, or dosing instructions with your use of Seroquel?

_____ Yes _____ No _____ I don't recall

- 1. If "yes" who gave you the instructions? _____

C. Were you ever given any oral instructions regarding your use of Seroquel?

_____ Yes _____ No _____ I don't recall

1. If "yes" who gave you the instructions? _____

VII. Physical Injuries, Illness and Damages

A. If you are making a claim for physical injuries or illness from taking Seroquel, please describe the following:

1. Nature of physical injuries or illness: _____

2. Whether those injuries or illnesses are continuing: _____

Did you see a doctor, clinic or other healthcare provider for the physical injuries or illness listed above?

_____ Yes _____ No _____ I don't know

If "yes," please complete the following for each healthcare provider:

- a. Name: _____
- b. Address: _____
- c. Approximate dates of consultation: _____

B. Have you had any discussions with any doctor or other healthcare provider about whether Seroquel contributed to your physical injuries or illness?

_____ Yes _____ No

If "yes," provide the doctor's or healthcare provider's name and address and the date of that discussion: _____

C. If you are making claims for out-of-pocket expenses as a result of taking Seroquel, please complete the following:

1. For what: _____

2. Amount of fees or expenses: _____

VIII. **Separate Psychological or Psychiatric Injuries**

- A. If you are making a claim for psychological or psychiatric injuries (other than a claim for general emotional distress and mental anguish) from your use of Seroquel, please provide the following information:

Nature of the injury or illness: _____

- B. Only if you have seen a doctor, clinic, hospital or any other healthcare provider for treatment of any mental, emotional, psychological or psychiatric injury or illness that you claim was caused by your use of Seroquel, please provide the following information:

1. Name: _____

2. Address: _____

3. Approximate dates of consultation: _____

- C. Have you had any discussions with any doctor or other healthcare provider about whether Seroquel contributed to your psychiatric injuries or illness?

_____ Yes _____ No

If "yes," please provide the doctor's or healthcare provider's name and address, and the date of that discussion. _____

IX. **Family History**

- A. To the best of your knowledge have any of your grandparents, parents, brothers or sisters, or children had any condition, disease or illness associated with their blood sugar levels, such as hyperglycemia or diabetes?

_____ Yes _____ No _____ I don't know

- B. If "yes," please complete the following:

Relationship to you: _____

Type of health problem: _____

Relationship to you: _____

Type of health problem: _____

Relationship to you: _____

Type of health problem: _____

X. **Declaration**

I declare under penalty of perjury that all of the information provided in this Pre-Deposition Plaintiff's Fact Sheet is true and correct to the best of my knowledge, information and belief.

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

Dated

Signature

Exhibit C

Mizgala, James W.

From: Mizgala, James W.
Sent: Thursday, September 21, 2006 3:53 PM
To: 'Pennock, Paul'
Cc: mdavis@sidley.com
Subject: RE: Fact Sheets

Paul, I have conferred with Davis, and as we have said from the start we are certainly willing to work with you. We, however, disagree that our proposed fact sheet is "extensive" or seeks useless information, and you know this, Paul. In fact, if you compare our proposed Fact Sheet with what you have seen in other MDLs (such as Zyprexa and Baycol), you will see we have worked hard to make it far shorter and far more focused to provide the essential information we need to collect records and defend these cases -- the minimal information your proposed initial Fact Sheet would provide simply would not allow that. Moreover, our proposed Fact Sheet is not that different in length or scope than the second one which plaintiffs proposed. Therefore, as what this really appears to be is a matter of timing (BTW, you may recall in Baycol that a far more extensive fact sheet had to be produced within 45 days of the filing of a complaint in the District of Minnesota), what would you propose as a timeline for production, understanding that we likely would want to draw a distinction between those cases already in the MDL and those cases that may be filed in the future.

-----Original Message-----

From: Pennock, Paul [mailto:PPennock@weitzlux.com]
Sent: Thursday, September 21, 2006 9:57 AM
To: Mizgala, James W.
Subject: Re: Fact Sheets

James,
We can't get your fact sheet done in the time frames you propose and you know that. As we've seen time and again, unrealistic time frames for extensive rogs in mass torts simply increases aggravation, transaction costs and the need for constant judicial intervention. Yet, the vast majority of the information you receive isn't even looked at much evaluated. Our proposal ensures that in probably more than 95 per cent of the cases, you have the info you really need and IF the case begins to move you'll have what you need then. Please reconsider. As far as the Master Complaint, the very short time frame has not allowed for us to give it to you for comment as hoped. However, while we have to file it today, we are willing to agree to modify our proposed complaint if there's something you think is needed and we agree.

-----Original Message-----

From: Pennock, Paul [mailto:PPennock@weitzlux.com]
Sent: Thursday, September 21, 2006 9:57 AM
To: Mizgala, James W.
Subject: Re: Fact Sheets

James,
We can't get your fact sheet done in the time frames you propose and you know that. As we've seen time and again, unrealistic time frames for extensive rogs in mass torts simply increases aggravation, transaction costs and the need for constant judicial intervention. Yet, the vast majority of the information you receive isn't even looked at much evaluated. Our proposal ensures that in probably more than 95 per cent of the cases, you have the info you really need and IF the case begins to move you'll have what you need then. Please reconsider. As far as the Master Complaint, the very short time frame has not allowed for us to give it to you for comment as hoped. However, while we have to file it today, we are willing to agree to modify our proposed complaint if there's something you think is needed and we agree.

Sent from my BlackBerry Wireless Handheld

-----Original Message-----

From: Mizgala, James W.
To: Pennock, Paul
Sent: Thu Sep 21 09:40:39 2006
Subject: RE: Fact Sheets

Paul, plaintiffs' proposed approach is unacceptable. AstraZeneca's proposed Fact Sheet (which I previously forwarded and attach again for your convenience) is short and focused and seeks information that we must have (and plaintiffs' counsel should have) at the outset of this litigation. Please reconsider your position on our proposed Fact Sheet.

Further, we have yet to see plaintiffs' set of Master Allegations (our proposed implementing pretrial order is attached). When can we expect them?

Thanks.

From: Pennock, Paul [mailto:PPennock@weitzlux.com]
Sent: Tuesday, September 19, 2006 6:04 PM
To: Mizgala, James W.
Subject: Fact Sheets

James,

Here's what we are proposing. We will get the Initial Fact Sheet to you by Nov 6 (substantial compliance) and otherwise within 60 days of filing. This will come with the primary medical record authorizations and pharmacy authorizations. The more extensive fact sheet must be served at least 90 days prior to the plaintiffs' deposition being conducted.

Let us know what you think. I will tell you that, from this side, we feel that the Initial Fact Sheet is enough and we only offer the second, pre-deposition, fact sheet in a good faith effort to reach agreement with you.

Sidley Austin LLP mail server made the following annotations on 09/21/06, 08:39:32:

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*** eSafe scanned this email for malicious content ***
*** IMPORTANT: Do not open attachments from unrecognized senders ***

Exhibit D

Mizgala, James W.

From: Mizgala, James W.
Sent: Friday, October 13, 2006 4:28 PM
To: 'Pennock, Paul'
Cc: Kelber, Tamar B.; Davis, Michael W.
Subject: RE: Seroquel MDL

Paul, you and I are saying exactly the same thing -- plaintiffs could agree to the use of AZ's proposed PFS and authorization, but were concerned about the timing of production. You may recall that that was the very issue we identified on September 21 when we also expressed our willingness to work with you. And, that's exactly what we've been talking about ever since -- timing of production, not the use of plaintiffs' two-step proposal. Moreover, until today you never told us that you would be providing comments on our proposed PFS, or that you unilaterally planned to implement your two-step mode of production.

As for your notice to the Court, you previously stated in an email dated September 27, 2006 that you assumed "we'll agree on the wording of a Notice of Status that we will file with the Magistrate." Because no such opportunity was provided, we will be filing our own.

-----Original Message-----

From: Pennock, Paul [mailto:PPennock@weitzlux.com]
Sent: Friday, October 13, 2006 3:40 PM
To: Mizgala, James W.
Cc: Kelber, Tamar B.; Davis, Michael W.
Subject: Re: Seroquel MDL

James,
As you know, we were in discussions on the issues. There are things important to us and things important to you. In the context of trying to reach agreement, I said that we would accept your fact sheet and authorizations on all cases (not our fact sheet and the pre depo sheet) but we needed our time table. You declined that offer. I then listened to your offer and declined that. I then counter offered and you declined that. You then counter countered and I declined that. You are a good and experienced lawyer. You understand that when things are being discussed there is a willingness to give and take with certain priorities in mind. So, to assert that we have already agreed to your fact sheet on all cases is not only absurd, it's very poor form. The bottom line, in any event, is that I am trying to reach agreement with you. As you note, weeks ago I made a proposal that I think you should have jumped at. Now we're heading backwards. I will shortly send you the issues we have with the fact sheet and you will see that, despite your unwillingness to agree to a reasonable time frame, we have not backed up very much. Btw, I think our notice to the court was very even handed and it was so, at my instance.

Sent from my BlackBerry Wireless Handheld

-----Original Message-----

From: Mizgala, James W.
To: Pennock, Paul
CC: tkelber@Sidley.com; mdavis@sidley.com
Sent: Fri Oct 13 16:28:34 2006
Subject: RE: Seroquel MDL

Paul, almost two weeks ago, you told Tamar and me that plaintiffs could agree to the use of AZ's proposed PFS and authorization, but that you were concerned about the timing of production. In fact, since that time we have not discussed the form of the PFS, but possible timing of production and a potential process for dismissal of delinquent plaintiffs. Today is the first time you have ever mentioned that plaintiffs would be producing anything different by November 7. Unfortunately, your approach ignores the Court's mandate for an agreed upon PFS and appears to be an attempt to force upon us a proposal that we told you was unacceptable almost three weeks ago. As we discussed, I

contacted Magistrate Judge Baker's chambers earlier today and am awaiting a response.

-----Original Message-----

From: Pennock, Paul [mailto:PPennock@weitzlux.com]
Sent: Friday, October 13, 2006 11:16 AM
To: Mizgala, James W.
Subject: RE: Seroquel MDL

Btw, due to your efforts (and mine!) you'll be getting on hundreds, perhaps closer to 2000 cases, of authorizations in your format, blank, with crucial information w/in 60 days of the first MDL conference. I don't know how anyone can describe that as anything but an explementary situation, let alone a "sand bag" "stall"!!

From: Mizgala, James W. [mailto:jmizgala@Sidley.com]
Sent: Wed 10/11/2006 2:46 PM
To: Pennock, Paul
Cc: Kelber, Tamar B.
Subject: Re: Seroquel MDL

Sorry I missed your earlier call. I was on a plane. When your dep is done, please try to reach me (312.543.7166) or Tamar (312.543.9684). Thanks.

James W. Mizgala, Esq.
Sidley Austin LLP
One South Dearborn Street
Chicago, IL 60603
(312) 853-7081
(312) 853-7036 FAX

-----Original Message-----

From: Pennock, Paul <PPennock@weitzlux.com>
To: Mizgala, James W. <jmizgala@Sidley.com>
CC: Kelber, Tamar B. <tkelber@Sidley.com>
Sent: Wed Oct 11 08:19:49 2006
Subject: Re: Seroquel MDL

I have a prescriber dep at 1 and a 3 hour ride to get there. It should be done by 4.

Sent from my BlackBerry Wireless Handheld

-----Original Message-----

From: Mizgala, James W.
To: Pennock, Paul
CC: Kelber, Tamar B.
Sent: Wed Oct 11 05:20:43 2006
Subject: RE: Seroquel MDL

We called at 3:00 pm EDT and didn't leave a voicemail because, as stated below, we spoke directly to your colleague, who said he would deliver the message. In any event, do you have nothing before 4:00 pm EDT today? I don't think this is going to take more then 5 to 10 minutes at this point.

From: Pennock, Paul [mailto:PPennock@weitzlux.com]
Sent: Tuesday, October 10, 2006 6:26 PM
To: Mizgala, James W.
Cc: Kelber, Tamar B.
Subject: RE: Seroquel MDL

James,

I did not receive any voice mail message from you today, or I would have called you back. Also, I have tried to connect with you several times and you too were unavailable. Regardless, I'm leaving the office momentarily but can speak to you at 830ET after I get home. Alternatively, I can speak to you around 4 or 5 ET tomorrow, following a depo.

Please call my direct line whenever you are trying to reach me - 212 558 5504. If it's urgent, you can press 0 and ask for my secretary Laurie Schulz and she will track me down if possible. I was in a meeting between 245 and 4 today; perhaps that is when you called?

-----Original Message-----

From: Mizgala, James W. [mailto:jmizgala@Sidley.com]
Sent: Tuesday, October 10, 2006 7:20 PM
To: Pennock, Paul
Cc: Kelber, Tamar B.
Subject: Seroquel MDL

Paul, Tamar and I tried to contact you earlier today after speaking with Mike Pederson, but he told us you were in a meeting. He did tell us that he would tell you call us back; however, we did not hear from you. We will try one more time to reach you tomorrow in an effort to reach a consensus on the PFS. If that does not happen, we will have no choice but to contact Magistrate Judge Baker for guidance, especially given plaintiffs' November 7 deadline for production of PFSs.

James W. Mizgala, Esq.
Sidley Austin LLP
One South Dearborn Street
Chicago, IL 60603
(312) 853-7081
(312) 853-7036 FAX

Sidley Austin LLP mail server made the following annotations on 10/10/06, 18:18:11:

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04:19:22:

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