

## ATTACHMENT A

**UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF ILLINOIS  
EAST ST. LOUIS DIVISION**

**IN RE: Just For Men® Mass  
Tort Litigation**

Case No. 3:16-cv-00638-DRH  
Master Docket – In Re: *Just For Men  
Mass Tort Litigation*®

**This Document Relates to:**

**Plaintiff:** [Insert Plaintiff Name]

**Individual Case Docket No.:** [Insert Case Docket No, If Applicable]

**DEFENDANTS' FACT SHEET**

This Defendant Fact Sheet (DFS) is submitted pursuant to Case Management Order 7, by Defendants, in response to the Plaintiff's Fact Sheet (PFS) served on [Insert Date].

**I. CASE INFORMATION**

This defendant fact sheet pertains to the following case:

Case Name	Docket Number (if applicable)

**II. CONTACTS WITH HEALTHCARE PROVIDERS(S)**

**A. Consulting Relationships**

- Have any of the Plaintiff's Healthcare Provider(s) identified in Section VI (C) and/or (G) of the PFS been retained and/or compensated by Defendants as a speaker or consultant relating to any Just For Men® products.

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

- If so, provide the information requested below.

Healthcare Provider	Compensation	Nature of Affiliation

**III. INFORMATION REGARDING THE PLAINTIFF**

A. Have you been contacted by Plaintiff or anyone acting on Plaintiff’s behalf (other than Plaintiff’s counsel) through any 1-800 number, in writing, or through any other source by Plaintiff?

Yes	No	Don’t Know

1. If yes, please state the name of the person(s) who contacted you and the name, address and phone number of the person(s) who responded to the contact on your behalf, the content of the call/written communication and produce any documents relating to the contact or response.

Name	Address	Phone Number	Content of the Call/Written Communication	Documents Produced

B. Please produce a copy of (1) any adverse reaction /complaint form which relates to the Plaintiff, (2) copies of all documents reflecting communications received from Plaintiff, and (3) all written responses from Defendant to Plaintiff, including but not limited to communications from Consumer Resources Consultants, or Product Integrity Managers, or any other employee of Defendant.

C. State whether any named Defendant has any record of Plaintiff participating in in-house product testing conducted by Combe Incorporated.

Yes \_\_\_\_ / No \_\_\_\_.

If yes, please provide the information requested below:

Date of Participation	Type of Testing	Whether Plaintiff Was Compensated (Yes or No)	Type of Compensation (Coupon/Monetary/Product)	Did Plaintiff Sustain an Adverse Reaction during participation	If Adverse Reaction, treatment offered to Plaintiff

**IV. DISTRIBUTION OF JUST FOR MEN PRODUCTS TO RETAIL FACILITIES IDENTIFIED BY PLAINTIFF**

A. Did you sell the Just For Men® product(s) identified in Section II.A of the Plaintiff's Fact Sheet to the retail chain identified in Section II.A of the Plaintiff's Fact Sheet during the twelve (12) month period of time preceding the date of injury?

Yes \_\_\_\_ No \_\_\_\_ Don't Know \_\_\_\_

B. To the extent the "Named Store" identified in Section II.A of the Plaintiff's Fact Sheet is not part of a retail chain, did you sell the Just For Men® product(s) identified in Section II.A to the store(s) identified in Section II.A of the Plaintiff's Fact Sheet (the "Named Store") during the twelve (12) month period of time preceding the date of injury?

Yes \_\_\_\_ No \_\_\_\_ Don't Know \_\_\_\_

**DEFENDANTS' CERTIFICATION**

I am employed by Combe Incorporated, one of the Defendants in this litigation. I am authorized by Combe Incorporated to execute this certification on each Defendant's behalf. I hereby certify that the information provided in the accompanying Response to Defendants' Fact Sheet is not within my personal knowledge, but the facts stated therein have been assembled by authorized employees and counsel, upon which I relied. I hereby certify, in my authorized capacity, that the responses to the aforementioned Defendants' Fact Sheet are true and complete to the best of my knowledge on information and belief.

\_\_\_\_\_  
Name: [type printed name here and sign above line]

\_\_\_\_\_  
Date