EXHIBIT C

6/06 Draft

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA
THIRD DIVISION

In re: Guidant Corp. Implantable Defibrillators Products Liability Litigation	MDL No. 1708 (DWF/AJB)
This document relates to all actions.	

DEFENDANT GUIDANT CASE PROFILE FORM

For each case, Defendant Guidant Corporation, Guidant Sales Corporation, and Cardiac Pacemakers Inc. (CPI) must complete this Case Profile Form. This Case Profile Form must be completed and served on all counsel in the action identified in Section 1 below. This must be answered and served 90 days after the date that the Plaintiff's Profile Form has been served on Defendant.

You should attach additional sheets of paper that is necessary to completely answer the following questions.

I. CASE INFORMATION

This Defendant fact sheet pertains to the following case:

Plaintiff Name: _____

Case caption: _____

Civil Action No.: _____

Court in which action was originally filed: _____

II. CONTACTS WITH IMPLANTING HEALTHCARE PROVIDER

In Section IV(a.) of Plaintiff's Profile Form, Plaintiff identified persons or entities who prescribed or implanted the Guidant defibrillator/pacemaker to Plaintiff (hereinafter "Implanting Healthcare Provider"). For each Implanting Healthcare Provider identified, please state and, where requested, provide the following:

A. Dear Doctor or Dear Healthcare Provider Letters

1. For each "Dear Doctor" or "Dear Healthcare Provider" letter that you contend was actually sent to Plaintiff's Implanting Healthcare Provider, regarding the device for which Plaintiff seeks recovery, please: (a) identify the letter sent; (b) state the date that each letter was actually sent to Plaintiff's Implanting Healthcare Provider; (c) state the person to whom each letter was actually sent; (d) state the address where it was sent;

_____

_____

_____

_____

NOTE: Please attach hereto a copy of each letter allegedly sent to Plaintiff's Implanting Healthcare Provider.

2. In addition, identify any professional information request letters regarding the device for which Plaintiff seeks recovery that you contend were actually sent to the Plaintiff's Implanting Healthcare Provider identified in Section IV.A. of Plaintiff's Profile Form within the relevant time period set forth above. Please also identify: (a) the date that each letter was sent to Plaintiff's Implanting Healthcare Provider; and (b) the address where each letter was sent.

_____

_____

_____

_____

B. Other Contacts

1. For each Implanting Healthcare Provider identified, identify the Guidant Sales Representative present at the implantation of patient's device and produce the following information:

Plaintiff's Implanting Healthcare Provider: _____

Address: _____

Name of each Guidant Sales Corporation

Representative _____

Current Relationship, if any, between Guidant and the sales representative:

_____

2. For each Implanting Healthcare Provider, please state to the extent Guidant tracks such information any additional Sales Representatives who interrogated plaintiff's device

_____

_____

_____

_____

C. Consulting with Plaintiff's Implanting Healthcare Provider

1. In Sections IV(a) of Plaintiff's Profile Form, Plaintiff identified his or her Implanting Healthcare Provider(s). Please produce any consulting agreements between Guidant and Plaintiff's Implanting Healthcare Provider(s) within the last 5 years.

_____

2. For each of Plaintiff's Implanting Healthcare Providers identified in Section III.(a) above, please state whether they were invited to attend or did in fact attend any Guidant-sponsored conferences or events within the last five years, to the extent such attendance is tracked in Guidant's records. If your answer is "yes," please state:

a. The identity of the Healthcare Provider Consultant:

_____

b. The title, location and date of the of the speaker's program attended:

_____

_____

3. Has Plaintiff's Implanting Healthcare Provider(s) ever contacted you to request information concerning the device for which Plaintiff seeks recovery, its effect, its risk, or whether it should be explanted? ☐ Yes ☐ No

If your answer is "yes," please identify and attach any document which refers to your communication with Plaintiff's Implanting Healthcare

Provider(s).

Source:_____

III. PLAINTIFF'S PRESCRIBING AND IMPLANTING HEALTHCARE PROVIDER'S IMPLANTING PRACTICES.

In Section IV(a) of Plaintiff's Fact Sheet, Plaintiff identified his or her Implanting Healthcare Provider(s). For each Implanting Healthcare Provider state and produce the following:

1. Do you have or have you had access to any database or any information which tracks of any of Plaintiff's Implanting Providers prescribing or implanting practices with respect to Guidant defibrillators and/or pacemakers, the number of defibrillators and/or pacemakers, the number of replacements, and the timeframe when these products where prescribed and/or implanted? ☐ Yes ☐ No

   If your answer is "yes," please produce or identify the database and document which captures that information.

Identify the sources(s) from which the information provided above was obtained:

Database(s):_____

Other:_____

IV. PLAINTIFF'S MEDICAL CONDITION

1. Have you been contacted through a submission on the Guidant website, or called Guidant through the customer service center by Plaintiff, any of his/her physicians or anyone on behalf of Plaintiff concerning Plaintiff, excluding litigation-related inquiries by Plaintiffs or Claimants?
☐ Yes ☐ No

   If your answer is "yes," please (a) state the name of the person(s) who contacted you, (b) state the person(s) who was contacted including their name, address and telephone number and, (c) produce or identify any and all documents which reflected a communication with any person and you concerning Plaintiff.

2. Please produce a copy of any MedWatch form concerning the device for which Plaintiff seeks recovery which would further reflect or relates to the Plaintiff, including any back-up documentation concerning Plaintiff and any evaluation you did concerning the Plaintiff.

3. Did you advertise Guidant defibrillators and pacemakers in the media market in which Plaintiff lived at the time he or she was implanted with the Guidant defibrillator/pacemaker? ☐ Yes ☐ No

   If your answer to the preceding question is "yes," identify the identity of the media outlet, and the dates that the advertisements ran.

Identity of Advertisement and Intended Media Marketplace	Nature of Media (print or television)	Identity of the Media Outlet	Dates Advertisements Ran

Please provide or identify true and accurate copies of advertisements identified above.

4. Did you advertise Guidant pacemakers or defibrillators in the media market in which Plaintiff's Implanting Healthcare Provider's office was located at the time Plaintiff was implanted with the Guidant defibrillator/pacemaker? ☐ Yes ☐ No

5. If your answer to the preceding question is "yes," please identify the identity of the media outlet and the dates that the advertisements ran.

Identity of the Advertisement and Intended Media	Nature of Media (Print or Television)	Identity of the Media Outlet	Dates that Advertisements Ran

Marketplace			

Please provide or identify true and accurate copies of advertisements identified above.

Source: _____

V. DOCUMENTS

To the extent you have not already done so, produce a copy of all standardized documents and things that fall into the categories listed below. These include documents in your possession or in possession of any of your present and former employees including information provided to your attorneys:

1. Any document which refers to Plaintiff by name or to the device serial number for which Plaintiff seeks recovery;

2. Any document sent to or received from any of Plaintiff's Implanting Healthcare Provider or explanting physicians regarding the Plaintiff or the device for which Plaintiff seeks recovery;

3. Any document reflecting any written communication between you and Plaintiff's implanting physicians or explanting physicians concerning the risks associated with the device for which Plaintiff seeks recovery;

4. Any document reflecting any written communication between you and Plaintiff's implanting or explanting physicians concerning the reasons to explant the defibrillator/pacemaker;

5. Warranty Validation and Lead Registration forms for the device for which Plaintiff seeks recovery; and,

6. A copy of the Warranty postcard returned by Plaintiff for the device for which he or she seeks recovery.

Source: _____

I declare under penalty of perjury subject to the 28 U.S.C. § 1746 that all the information provided in this profile form is true and correct to the best of my knowledge and that I have supplied or requested documents to the extent that such documents are in my possession, custody and control (including the custody and control of my lawyers).

Dated:

Name