IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF GEORGIA COLUMBUS DIVISION

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IN RE MENTOR CORP. OB TAPE TRANSOBTURATOR SLING PRODUCTS LIABILITY LITIGATION MDL NO. 2004

CASE NO. _____

DEFENSE FACT SHEET

(1) **Product Information**. If known, identify the following with respect to the ObTape Transobturator Sling, Lot Number ______ that was implanted in Plaintiff on :

- a.) Date it was manufactured;
- b.) Location that it was manufactured at;
- c.) Date that it was shipped and/or mailed to the subject hospital of implantation;
- d.) The amount paid by the subject hospital for the purchase of such device;
- e.) Attach any documents in your possession related to the sale, delivery or purchase as described above.

(2) **Sales Calls Information.** If you know the identity of the sales representative(s) who was responsible for the territory covering the Plaintiff's implanting surgeon(s) and/or healthcare provider(s) during the time period identified in Plaintiff's Fact Sheet in which Ob Tape was used in Plaintiff's surgery, please provide:

- 1. The name, last known address and telephone number of the sales representative(s) whose territory included Plaintiff's implanting surgeon(s) and/or healthcare provider(s) for Ob Tape, if known.
- 2. The name, last known address and telephone number of the district/regional sales manager whose territory included Plaintiff's implanting surgeon(s) and/or healthcare provider(s) for Ob Tape, if known.
- 3. Attach any call notes or other notes in your possession, tracking visits by Mentor representatives for Ob Tape to Plaintiff's

implanting surgeon(s) and/or healthcare provider(s) related to the use of Ob Tape in Plaintiff's surgery.

(3) Was an Adverse Event Report (AER) or other similar report prepared or generated pertaining to plaintiff ? Yes () No ()

If your answer is "Yes", then provide the report.

(4) **Employment by Mentor**

- 1. If known, state whether Plaintiff's implanting surgeon(s) and/or healthcare provider(s) was retained by Mentor for speaking engagements, training and/or research relating to Ob Tape.
- 2. Please provide any documents in your possession reflecting any contracts and/or payments between Mentor and Plaintiff's implanting surgeon(s) and/or healthcare provider(s) regarding Ob Tape.