UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

In Re: HAIR RELAXER MARKETING SALES PRACTICES AND PRODUCTS LIABILITY LITIGATION — MDL NO. 3060

THIS DOCUMENT RELATES TO
[PLAINTIFF NAME; MDL Case No.]

PLAINTIFF FACT SHEET

This Fact Sheet must be completed by each plaintiff who has filed a lawsuit related to the use of HAIR RELAXER PRODUCTS by the plaintiff or the representative of a deceased plaintiff. Please answer every question to the best of your knowledge. In completing this Fact Sheet, you are providing all information under oath and must provide information that is true and correct to the best of your knowledge. If you cannot recall all the details requested, please provide as much information as you can. You must supplement your responses if you learn that they are incomplete or incorrect. "YOU" or "YOUR" shall refer to You as a Plaintiff and your legal representatives with a filed actions pending in MDL 3060, whether or not any particular underlying action has been served.

In filling out this form, please use the following definitions[1]:

(1) "**HAIR RELAXER PRODUCT"** means a product used to chemically relax hair as identified in the **Short Form Complaint**;

(2) "**OTHER HAIR CARE PRODUCTS**" means any product applied to the hair other than HAIR RELAXER PRODUCTS or OTHER HAIR TREATMENTS;

(3) "**OTHER HAIR TREATMENTS**" means any treatment to alter the natural texture of hair without the use of HAIR RELAXER PRODUCTS;

(4) "**HEALTHCARE PROVIDER**" means any hospital, clinic, medical center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical, dietary, psychiatric, or psychological care or advice, and any pharmacy, weight loss center, x-ray department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, physician, nurse, psychiatrist, osteopath, homeopath, chiropractor,

[1] See Dkt. 258: "As to hair relaxer kits sold to consumers, parties agree that it is limited to the kits and does not include the conditioners or shampoos that may be recommended "for best results" on the back of the kit. But the discovery will include all the products contained in the kit. As for hair relaxer products sold commercially to salons, the parties will meet and confer. Production will be limited to the products required by the label, not all products sold by the Defendant to the salon per Defendants' suggestion."

psychologist, toxicologist, nutritionist, dietician, or other person or entity involved in the evaluation, diagnosis, care, and/or treatment of the plaintiff or plaintiff's decedent;

(5) "**DOCUMENT**" means any writing or record of any and every type that is in your possession, custody or control, including, but not limited to, written documents, documents in electronic format, cassettes, videotapes, digital recordings, text messages, photographs, charts, computer discs or tapes, and x-rays, drawings, graphs, telephone-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.

(6) "**RELEVANT TIME PERIOD**" means ten (10) years prior to your Injury Diagnosis.

This Fact Sheet is completed pursuant to the Federal Rules of Civil Procedure governing discovery.

I. CORE CASE INFORMATION

A. Attorney Information

I. Please provide the following information for the civil action that you filed:

Caption: _____

Court and Docket No.: _____

MDL Docket No. (if different): _____

Date Lawsuit Filed: _____

Plaintiff's Attorney: _____

Attorney's Firm: _____

Attorney's Address: _____

Attorney's Phone Number: _____

Attorney's Email Address(es): _____

B. Plaintiff Information

II. Please provide the following information for the individual on whose behalf this action was filed:

Name (First, Middle, and Last): _____

Address: _____

City: _____

State: _____

Zip code: _____

Date of Birth: _____

Place of Birth (City, State, Country): _____

Social Security Number: _____

III. Maiden or other names and aliases you have used or by which you have been known:

_____

IV. Sex: Male: ☐ Female: ☐

V. Race (Dropdown or check box; not open field): _____

VI. Ethnicity (Dropdown or check box; not open field): _____

C. Representative Information

VII. If you are completing this questionnaire in a representative capacity (*e.g.*, on behalf of the estate of a deceased person), please state the following:

Name (First, Middle, and Last): _____

Address: _____

Capacity in which you are representing the individual: _____

VIII. If you were appointed as a representative by a court, identify the state, court and case number:

_____

IX. Relationship to the represented person: _____

X. Date of death of the decedent: _____

XI. Place of death of the decedent (city, state, country): _____

If you are completing this questionnaire in a representative capacity, please respond to the questions below ***with respect to the person who was allegedly injured*** *by HAIR RELAXER PRODUCTS.*

II. PERSONAL INFORMATION

A. Relationship Information

☐Married
☐Single
☐Engaged
☐Significant other
☐Divorced
☐Widowed
☐n/a (completing on behalf of decedent)

B. Addresses

I. For ten (10) years prior to your Injury Diagnosis, please identify EACH address at which you have resided, the dates during which you lived at each address (Turn into table; not blanks):

Address: _____

From Date: _____

To Date: _____

C. Employment

I. If you are making a claim for lost wages, please complete the chart below detailing your employment history for the ten (10) years prior to your claimed injury.

Name of Employer	Address and Phone Number Where You Worked	Dates of Employment	Occupation(s) or Job Title(s)	Name of Supervisor (s)	Annual Gross Income Per Year[2]

II. Have you ever been out of work for more than thirty (30) days for reasons related to your health? Yes ☐ No☐

If yes, please state the following:

Dates: _____

Health reason:_____

D. Worker's Compensation and Disability Claims

I. Have you ever filed for workers' compensation, social security, and/or state or federal disability benefits? Yes ☐ No ☐

II. If yes, or, if you are unsure, then as to EACH application, please state the following:

Year claim was filed: _____

Court: _____

Nature of claimed injury: _____

[2] If you are making a claim for lost wages or lost earning capacity, also state your annual gross income by year:

Period of disability: _____

Amount Award: _____

E. Military Service

I. Have you ever served in any branch of the military? Yes ☐ No ☐

II. If yes, state the branch and dates of service: _____

F. Other Lawsuits

I. Have you ever filed a lawsuit or made a claim, other than in the present suit, seeking damages for the injuries you claim in this case?

Yes ☐ No ☐

II. If yes, state the following for EACH lawsuit or claim:

Nature of the case or claim: _____

Name of the defendant (person or entity you sued or filed a claim against):

_____

Civil action, docket number, or claim number: _____

Where was the lawsuit or claim was filed (court's name): _____

Name of your attorney: _____

III. Advocacy and Social Media

I. Are you now or have you ever been a member of any support, advocacy, or social group regarding your injuries you attribute to HAIR RELAXER PRODUCTS? Yes ☐ No ☐ Unknown ☐

II. If yes, identify the group by name: _____

III. Where did the group meet? _____

IV. When did you join the group? _____

V. Sponsoring organization (if any): _____

IV. Locations of Stored Data

As it relates to any Locations of Stored Data, this information is for identification purposes. For this PFS, you are required to disclose the locations of these documents, but a production shall occur (if any) if your case has been designated for Phase II Discovery (e.g., your case is included in a bellwether selection pool). You have a duty to preserve stored data and social media.

A. Identify any location, physical or electronic, containing Documents, including photographs or videos, relating to your hairstyle and/or your use of HAIR RELAXER PRODUCTS. This includes, but is not limited to, photo albums, video albums, home movies, cloud storage (including, but not limited to, Google drive and iCloud), websites, social networks (including, but not limited to, X/Twitter, Facebook, Instagram, Snapchat, TikTok, MySpace, LinkedIn, dating websites, or "blogs"), chat rooms, or internet forums. For each electronic location, identify, if applicable, a username, electronic address or URL, and state whether you have access to the location.

_____

_____

_____

_____

B. Identify any location, physical or electronic, containing Documents regarding your claimed injuries. This includes, but is not limited to, photo albums, video albums, home movies, cloud storage (including, but not limited to, Google drive and iCloud), websites, social networks (including, but not limited to, X/Twitter, Facebook, Instagram, Snapchat, TikTok, MySpace, LinkedIn, dating websites, or "blogs"), chat rooms, or internet forums. For each electronic location, identify, if

applicable, a username, electronic address or URL, and state whether you have access to the location.

C. Identify any location, physical or electronic, containing Documents regarding how you learned about the Hair Relaxer Marketing Practices and Products Liability Litigation. This includes, but is not limited to, photo albums, video albums, home movies, cloud storage (including, but not limited to, Google drive and iCloud), websites, social networks (including, but not limited to, X/Twitter, Facebook, Instagram, Snapchat, TikTok, MySpace, LinkedIn, dating websites, or "blogs"), chat rooms, or internet forums. For each electronic location, identify, if applicable, a username, an electronic address or URL, and state whether you currently have access to the location.

V. INJURIES & DAMAGES

A. For each injury you claim was caused by your use of HAIR RELAXER PRODUCTS, state:

Injury and Symptoms	Date of Diagnosis	Diagnosing Healthcare Provider, including address and telephone number	Date(s) of Treatment	Type(s) of Treatment, Dates Performed, and Treating Healthcare Provider, Including Address and Phone Number

B. For each injury, please provide the date and describe how you first became aware that it could be caused by your use of HAIR RELAXER PRODUCTS:

_____

_____

_____

C. Have you ever had any communications with any HEALTHCARE PROVIDER, orally or in writing, about whether any of the above injuries are related to your use of HAIR RELAXER PRODUCTS? Yes ☐ No ☐

If yes, or, if you are unsure, identify the name, address, phone number and approximate date of communication with said health care provider, and the injury attributed to HAIR RELAXER PRODUCTS:

_____

_____

D. Has any HEALTHCARE PROVIDER told you whether any of the above injuries is related to something other than your use of HAIR RELAXER PRODUCTS?:

Yes ☐ No ☐

If yes, or, if you are unsure, identify the name, address, telephone number and approximate date of communication with each HEALTHCARE PROVIDER and the injury attributed to something other than your use of HAIR RELAXER PRODUCTS:

_____

_____

E. Do you claim that your use of HAIR RELAXER PRODUCTS worsened a preexisting injury, illness, or disease? Yes ☐ No ☐

If yes, or, if you are unsure, for each injury, state the type of injury, illness or disease, its onset, and its resolution (if any):

_____

_____

F. If you discontinued your use of HAIR RELAXER PRODUCTS, did the injury you claim resulted from your use of HAIR RELAXER PRODUCTS decrease or resolve? Yes ☐ No ☐

If yes, or, if you are unsure, for each injury, state the type of injury, symptoms, its onset, and its resolution (if any):

_____

_____

G. Has any HEALTHCARE PROVIDER recommended that you cease using HAIR RELAXER PRODUCTS? Yes ☐ No ☐

If yes, or, if you are unsure, identify the name, address, phone number and approximate date of communication with said health care provider:

_____

_____

H. Other Claimed Damages

I. Psychiatric or Psychological Conditions: Do you claim that your use of HAIR RELAXER PRODUCTS caused or aggravated any psychiatric or psychological condition? Yes ☐ No ☐

If yes, or, if you are unsure, did you seek treatment for the psychiatric or psychological condition? Yes ☐ No ☐

Provider, Including Name, Address and Phone Number	**Date**	**Condition**

II. Medical Expenses: Do you claim that you incurred medical expenses for the alleged injury that you claim was caused by your use of HAIR RELAXER PRODUCTS? Yes ☐ No ☐

III. Lost Wages: Do you claim that you lost wages or suffered impairment of earning capacity because of the alleged injury that you claim was caused by HAIR RELAXER PRODUCTS? Yes ☐ No ☐

IV. Out-of-Pocket Expenses: Are you making a claim for lost out-of-pocket expenses? Yes ☐ No ☐

If yes, or, if you are unsure, please identify and itemize all out-of-pocket expenses you have incurred:

_____

_____

V. Loss of Consortium: Do you or any other individual claim loss of consortium damages because of the alleged injury that you claim was caused by HAIR RELAXER PRODUCTS? Yes ☐ No ☐

If yes, please identify the individual claiming loss of consortium damages, the basis for the loss of consortium claim:

_____

_____

VI. PRODUCT IDENTIFICATION

A. For each HAIR RELAXER PRODUCT you claim caused and/or contributed to your injury(ies), state:

Defendant	Product	Date(s) of Use May Be Approximate	Frequency of Use	Place(s) of Use, including state and city [if known]

B. For each injury you listed in Section VI.A. of the Plaintiff Fact Sheet in this litigation, Identify and Describe other causes known to You of such injury?

_____

_____

_____

C. Did you have any HAIR RELAXER PRODUCT, OTHER HAIR CARE PRODUCT, or OTHER HAIR TREATMENTS applied at a hair salon? (See Footnote 1 for product scope).

Yes ☐ No ☐

D. If YES, or, if you are unsure, provide in the chart below the name and location of each salon where you received application of a HAIR RELAXER PRODUCT,

OTHER HAIR CARE PRODUCT, or OTHER HAIR TREATMENTS, the dates of application and the product applied:

Date of Application **(May Be Approximate)**	**Salon**	**Salon Location – State and City [if known]**	**Hair Relaxer Product Applied[3]**

E. Retailers:

I. Identify each pharmacy, drugstore, and/or other retailer (including mail order) where you have purchased HAIR RELAXER PRODUCTS in the past ten (10) years:

Name	**Place(s) of Purchase, including business name, and including state, city and address [if known]**	**Dates**	**Purchases**

[3] See Footnote 1 for product scope.

II. Do you have a store card (including any debit, credit, or frequent buyer/loyalty card) for any retailer identified above?

Yes ☐ No ☐ Unknown ☐

If yes, state the store, card number, name and telephone number associated with the account:

_____

_____

_____

F. Have you ever seen any advertisements (*e.g.,* in magazines, television commercials, internet, radio, point of sale, social media, outdoor) for any HAIR RELAXER PRODUCT? Yes ☐ No ☐ Unable to Recall ☐

If "Yes," identify the advertisement, summary of its content, the product being advertised and approximately when you saw the advertisement.

_____

_____

_____

G. Are you currently using HAIR RELAXER PRODUCTS? Yes ☐ No ☐

H. Were you ever given any written instructions or warnings, including in/on any packaging, package inserts, or literature, regarding HAIR RELAXER PRODUCTS?
Yes ☐ No ☐ Unable to Recall ☐

If yes, please describe the instructions or warnings. If you have the instructions or warnings, please produce them:

_____

_____

_____

I. Were you given any oral instructions or warnings from any individual regarding HAIR RELAXER PRODUCTS? Yes ☐ No ☐ Unknown ☐

If yes, please identify each individual who provided the oral instructions, including their name, address, and telephone number, and identify the product and what those instructions or warning were:

_____

_____

J. For each HAIR RELAXER PRODUCT identified above in your response to VI.A., describe any risk or warning that you allege is or was not adequately disclosed on their labels:

_____

_____

_____

_____

_____

_____

K. Have You (as defined above) had any communication, oral or written, with any of the defendants regarding Hair Relaxer Products and/or your injuries, including any current or former employee or agent, or any representatives of any defendant prior October 21, 2022? Yes ☐ No ☐ Unable to Recall ☐

If yes, please identify: _____

Date of Communication: _____

Method of Communication: _____

Name of Representative: _____

Substance of communication: _____

L. Have You (as defined above) had any communication, oral or written, with any other manufacturer of HAIR RELAXER PRODUCTS (other than Defendants), regarding Hair Relaxer Products and/or your injuries including any current or

former employee or agent, or any representatives of such manufacturer prior October 21, 2022? Yes ☐ No ☐ Unable to Recall ☐

If yes, please identify: _____

Date of Communication: _____

Method of Communication: _____

Name of Representative: _____

Substance of communication: _____

M. Have You (as defined) communicated with the Food and Drug Administration, the Centers for Disease Control and Prevention, the National Institutes of Health, or any other government or regulatory agency regarding HAIR RELAXER PRODUCTS prior October 21, 2022? Yes ☐ No ☐

If yes, state the agency you communicated with, the date of the communication, and the subject of the communication.

_____

_____

_____

N. Have You (as defined above) communicated with the authors of the Chang Study,[4] the White Study,[5] or any other study cited in the Master Long Form Complaint or **Master Long Form Class** complaint filed in MDL 3060 prior to October 21, 2022? Yes ☐ No ☐ ☒

If yes, state the person(s) you communicated with, the date of the communication, and the subject of the communication.

_____

_____

_____

[4] Che-Jung Chang, et al., *Use of Straighteners and Other Hair Products and Incident Uterine Cancer*, Journal of the National Cancer Institute, Oct. 17, 2022, https://pubmed.ncbi.nlm.nih.gov/36245087.

[5] White AJ, Sandler DP, Gaston SA, Jackson CL, O'Brien KM, *Use of hair products in relation to ovarian cancer risk.* Carcinogenesis. 2021 Oct. 5; 42(9): 1189-1195. doi: 10.1093/carcin/bgab056. PMID: 34173819; PMCID: PMC8561257, https://pubmed.ncbi.nlm.nih.gov/34173819.

O. Were you a study participant in any study or research regarding hair relaxers?
Yes ☐ No ☐ Unknown ☐

If yes, identify the studies or research that You participated in and contact information of the administrator.

_____

_____

_____

VII. HEALTH INFORMATION

A. Vital Statistics

I. Current weight: _____

II. Current height: _____

III. Date of alleged diagnosed injury: _____

IV. Weight at time of diagnosed injury: _____

V. Highest weight at any time: _____

B. Pregnancies

I. Have you ever been pregnant?

☐ Yes ☐ No

Number of pregnancies: _____

II. If you have children, please state the following for EACH child:

Name	Address	Date of Birth

III. Did you give birth to your first child after age 30? Yes ☐ No ☐ N/A ☐

C. Menstrual History

I. Age at time of first period (menses): _____Age at time of last period (menses): _____

II. Are/were your menstrual cycles regular? Yes ☐ No ☐ Unsure ☐

If yes, or unsure, average length of cycle: _____

If yes, or unsure, average length of period: _____

III. Did you ever experience any abnormal menstruation (including irregular periods, painful periods, or absence of periods)? Yes ☐ No☐ Unsure ☐

If your answer is "Yes," or "Unsure," give the approximate dates and a description of each problem.

_____

_____

IV. If your answer is to Question 3. is "Yes," did you seek medical treatment or advice for any condition described in your answer to Question 3. above?
Yes ☐ No ☐

If your answer is yes, or, if you are unsure, state the name and address of the HEALTHCARE PROVIDER consulted, and the types of any such treatment(s) given by that provider.

Name	Address	Treatment(s)	Date(s) of Treatment(s)

D. Menopausal History

I. Are you menopausal, perimenopausal or postmenopausal? Yes ☐ No ☐ Unknown ☐

If yes, age at menopause: _____

E. Medical History

I. For EACH year, beginning ten (10) years prior to your alleged injury diagnosis to the present, who was your gynecological provider.

Doctor: _____

Office: _____

Year: _____

II. For EACH year beginning ten (10) years prior to your alleged injury diagnosis to the present, if you are alleging an injury to your breast such as breast cancer, who did you see for any mammogram?

Office: _____

Year: _____

III. If you know, have you ever been diagnosed with or experienced any of the following?

Condition	Yes/No	Date of Diagnosis	Diagnosing Healthcare Provider including Location – State and City [if known]
Adenomyosis			
Breast cancer			
Breast Lesions			
Congenital retinoblastoma			
Dense breast tissue			
Disorders of the reproductive tract			
Endometrial hyperplasia			
Endometriosis			
Gestational diabetes			
High blood pressure			
High cholesterol			
High estrogen levels			
Infertility			
Inflammatory Pelvic Disease			
Irregular vaginal bleeding			
Lobular carcinoma in situ (LCIS) of the breast			
Loeys-Dietz syndrome			
Lynch syndrome			
MUTYH-associated polyposis			
Obesity/overweight			

Condition	Yes/No	Date of Diagnosis	Diagnosing Healthcare Provider including Location – State and City [if known]
Osteopenia or osteoporosis			
Other cancer (please specify):			
Ovarian cancer or tumors			
Ovarian cysts			
Polycystic ovaries and/or Polycystic Ovarian Syndrome (PCOS)			
Rectal bleeding			
Type I diabetes mellitus			
Type II diabetes mellitus			
Uterine fibroids			

IV. Has any HEALTHCARE PROVIDER told you or your representative that you are at an increased risk for developing any type of cancer?

Yes ☐ No ☐ Unsure ☐

If yes, or unsure, state:

Name, current address, and telephone number of the HEALTHCARE

PROVIDER:_____

Date the statement was made: _____

Reason given, if any, for your increased risk of cancer: _____

Type of cancer, if any, for which you were told are at increased risk: _____

F. Other Risk Factors

I. If you are claiming as an alleged injury from your use of HAIR RELAXER PRODUCTS uterine or ovarian cancer, please state whether any of your biological family members (including your parents, siblings,

children, grandchildren, grandparents**),** living or deceased, been diagnosed with uterine, colon, or ovarian cancer. Yes ☐ No ☐ Unknown ☐

If yes, for each family member state:

Relative's Name	Relation to You	Relative's City and State [if known]	Type(s) of Cancer/Medical Condition	Relative Living or Deceased

G. Hormone Replacement Therapy

I. Have you ever undergone hormone replacement therapy? Yes ☐ No ☐

If yes, for each therapy state:

Therapy	Date(s) of Therapy	Prescriber (including address and phone number)	Administering HCP (including address and phone number)	Side-Effects You Experienced

H. Fertility Treatment

I. Have you ever undergone fertility treatment? Yes ☐ No ☐

If yes, for each treatment state:

Therapy	Date(s) of Therapy	Prescriber (including address and phone number)	Administering HCP (including address and phone number)	Side-Effects You Experienced

I. Genetic Testing

I. Have you been genetically tested for any of the for any of the following genetic mutations:

BRCA1 and BRCA2 Yes ☐ No ☐

If yes, state:

Name of the testing laboratory(ies): _____

Date(s) of testing: _____

Genes tested: _____

II. Has any HEALTHCARE PROVIDER recommended that you undergo genetic testing and/or genetic counseling? Yes ☐ No ☐

If yes, identify the HEALTHCARE PROVIDER that recommended you undergo genetic testing and/or genetic counseling, their specialty, current address, and the date he/she made the recommendation to you.

_____

_____

J. Toxicology

I. Have you ever taken tamoxifen? Yes ☐ No☐

If yes, state when you took tamoxifen, and who prescribed it to you, including the individual's address and phone number.

_____

K. Prescription Medications

I. Are there prescription medications that you took more than three (3) times at any time beginning one (1) year prior to your alleged injury diagnosis to the present? Yes ☐ No ☐

If yes, please provide the following for EACH prescription medication:

Medication	Prescriber	Pharmacy	Dates Taken

L. Have you ever participated in any clinical trials or taken any experimental medications? Yes ☐ No ☐ Unsure ☐

If yes, or unsure, please provide the name of medication or medical device, for what condition you took such medication or used such device, the dates of the clinical trial, who conducted the clinical trial and where the trial took place.

_____

_____

M. For each of the below products, if you have used them more than four (4) times a year at any time since the year before your alleged injury, please state that below and provide the brand, dates of use, and frequency of use for each product:

Product	Yes/No	Brand	Date(s) of Use	Frequency of Use
Anti-frizz/polish/ Brazilian Blowout/Keratin				
Hair Dye				
Hair-Smoothing Products				
Pomade				

VIII. FACT WITNESSES

A. Non- HEALTHCARE PROVIDERS

I. Identify all persons whom you believe possess information about your alleged injury, current medical condition, or lawsuit, other than your HEALTHCARE PROVIDER:

Name	**Location – State, City and Address [if known]**	**Relationship to You**	**Information**

IX. DOCUMENT REQUESTS

Please state which of the following DOCUMENTS you have in your possession, custody or control. If you do not have the following DOCUMENTS but know they exist in the possession of others, state who has possession of the DOCUMENTS. Produce all DOCUMENTS in your possession (including writings on paper or in electronic form) and signed authorizations and attach a copy of them to this PFS. For each document request listed below, unless otherwise stated in the request, the Relevant Time Period is defined above (i.e., ten (10) years prior to the injury). As it relates to any request for social media you are required to disclose the locations of these documents and You have a duty to preserve stored data and social media, but a production shall occur (if any) if your case has been designated for Phase II Discovery (e.g., your case is included in a bellwether selection pool). However, representative photographs of how you wore your hair for the ten (10) years prior to your injury should be produced with this PFS.

A. DOCUMENTS you reviewed to prepare your answers to this Plaintiff Fact Sheet.

Yes ☐ No ☐

Your attorney may withhold some DOCUMENTS on claims of attorney-client privilege or work product protection and, if so, provide a privilege log.

B. Medical records or other DOCUMENTS related to the use of HAIR RELAXER PRODUCTS.

Yes ☐ No ☐

C. If your alleged injury is a form of cancer, medical records or other DOCUMENTS relating to your diagnosis and/or treatment for any cancer for any time.

Yes ☐ No ☐

D. DOCUMENTS reflecting any genetic testing or counseling.

Yes ☐ No ☐

E. If your alleged injury is a form of cancer, pathology reports and results of biopsies performed on you.

Yes ☐ No ☐

Plaintiffs or their counsel must maintain the slides and/or specimens requested in this subpart, or send a preservation notice, copying Defendants, to the healthcare facility where these items are maintained

F. If your alleged injury is a form of cancer, DOCUMENTS identifying all chemotherapy agents that you have used.

Yes ☐ No ☐

G. DOCUMENTS relating to any workers' compensation, social security or other disability proceeding at any time within the last ten (10) years.

Yes ☐ No ☐

H. Instructions, product warnings, labels package inserts, handouts or other materials that you were provided or obtained in connection with your use of HAIR RELAXER PRODUCTS.

Yes ☐ No ☐

I. Advertisements, social media posts, blog posts, or promotions for HAIR RELAXER PRODUCTS.

Yes ☐ No ☐

J. Articles or posts discussing HAIR RELAXER PRODUCTS.

Yes ☐ No ☐

K. Any packaging, container, box, or label for HAIR RELAXER PRODUCTS that you were provided or obtained in connection with your use of HAIR RELAXER PRODUCTS.

Yes ☐ No ☐

Plaintiffs or their counsel must maintain the originals of these items.

L. DOCUMENTS that mention HAIR RELAXER PRODUCTS or any alleged health risks relating to HAIR RELAXER PRODUCTS.

Yes ☐ No ☐

Your attorney may withhold some legal documents, documents provided by your attorney, or documents obtained or created for the purpose of seeking legal advice or assistance on claims of attorney-client privilege or work product protection and, if so, provide a privilege log.

M. Communications or correspondence between You and any representative of any of the defendants.

Yes ☐ No ☐

N. Journals or diaries at any time for the past ten (10) years relating to the use of HAIR RELAXER PRODUCTS or your treatment for any disease, condition or symptom referenced above, that are related to your alleged injury.

Yes ☐ No ☐

O. Photographs, videos, social media or internet posts to or through any site including cloud storage (including but not limited to Google drive and iCloud), websites, social networks (including but not limited X/Twitter, Facebook, Instagram, Snapchat, TikTok, MySpace, LinkedIn, dating websites, or "blogs"), chat rooms, or internet forums relating to your hairstyle or your use of HAIR RELAXER PRODUCTS that you have in your possession, custody or control.

Yes ☐ No☐

Please upload representative photographs of how you wore your hair for the ten years prior to your injury.

P. Photographs, videos, social media or internet posts to or through any site including cloud storage (including but not limited to Google drive and iCloud), websites, social networks (including X/Twitter, Facebook, Instagram, Snapchat, TikTok, MySpace, LinkedIn, dating websites, or "blogs"), chat rooms, or internet forums

relating to your claimed injuries that you have in your possession, custody or control.

Yes ☐ No ☐

Q. Photographs, videos, social media or internet posts to or through any site including cloud storage (including but not limited to Google drive and iCloud), websites, social networks (including X/Twitter, Facebook, Instagram, Snapchat, TikTok, MySpace, LinkedIn, dating websites, or "blogs"), chat rooms, or internet forums relating to your participation in this litigation that you have in your possession, custody or control.

Yes ☐ No ☐

Your attorney may withhold some legal documents, documents provided by your attorney, or documents obtained or created for the purpose of seeking legal advice or assistance on claims of attorney-client privilege or work product protection and, if so, provide a privilege log.

R. If you claim you have suffered a loss of earnings or earning capacity, your federal tax returns for each of the five (5) years preceding the injury you allege to be caused by HAIR RELAXER PRODUCTS and every year thereafter, or W-2s for each of the five (5) years preceding the injury you allege to be caused by HAIR RELAXER PRODUCTS and every year thereafter.

Yes ☐ No ☐

S. If you claim any medical expenses, bills or invoices from any HEALTHCARE PROVIDER.

Yes ☐ No ☐

T. Records of any other expenses allegedly incurred as a result of your alleged injury.

Yes ☐ No ☐

U. If you are suing in a representative capacity, letters testamentary or letters of administration.

Yes ☐ No ☐

V. If you are suing in a representative capacity on behalf of a deceased person, the decedent's death certificate.

Yes ☐ No ☐

W. If you are suing in a representative capacity on behalf of a deceased person, the decedent's autopsy report.

Yes ☐ No ☐

X. Signed authorizations in the forms attached hereto.

Yes ☐ No ☐

X. DECLARATION

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that all of the information provided in this Plaintiff Fact Sheet is true and correct to the best of my knowledge, information and belief formed after due diligence and reasonable inquiry, that I have supplied all the DOCUMENTS requested in Part XI of this Plaintiff Fact Sheet to the extent that such DOCUMENTS are in my possession or in the possession of my lawyers, and that I have supplied the Authorizations attached to this declaration.

_____ _____

Signature Date

XI. AUTHORIZATIONS

See Attached Exhibit A.