



NIGH GOLDENBERG  
RASO & VAUGHN

**Plaintiff Proof of Use/Injury Questionnaire**

**1. Case Information**

A. Plaintiff Full Name (if acting in representative capacity, full name of product user):

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

B. Date of Birth (if acting in representative capacity, Date of Birth of product user):

C. Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Attorney(s) of record (if applicable):

Counsel Name:

\_\_\_\_\_  
Firm Name:

E. N.D. Fla. Civil Action Number: \_\_\_\_\_ -cv- \_\_\_\_\_

F. MDL-Centrality Plaintiff ID: \_\_\_\_\_

2. **Product Use**

- A. Provide beginning month/year and end month/year for each depot medroxyprogesterone ("DMPA") product used by the product user. If use was not continuous, provide beginning and end date for each period of use.

Start Date	End Date	Medroxyprogesterone product

- B. Does Plaintiff/Injured Party currently have records (*i.e.*, prescription, medical, insurance, or pharmacy records) that demonstrate he or she was administered medroxyprogesterone acetate?

☐ Yes ☐ No

- C. If no, have the following been requested?

Prescription records ☐ Yes ☐ No Date of request: \_\_\_\_\_

Medical records ☐ Yes ☐ No Date of request: \_\_\_\_\_

Insurance records ☐ Yes ☐ No Date of request: \_\_\_\_\_

Pharmacy records ☐ Yes ☐ No Date of request: \_\_\_\_\_

**3. Injury**

A. Has Plaintiff/Injured Party been diagnosed with meningioma?

☐ Yes ☐ No

B. Date of meningioma diagnosis (if diagnosed more than once, indicate each date):

Diagnosis 1: \_\_\_\_\_

Diagnosis 2: \_\_\_\_\_

Diagnosis 3: \_\_\_\_\_

Diagnosis 4: \_\_\_\_\_

Diagnosis 5: \_\_\_\_\_

**4. Document Production Requirement**

Upload and produce via MDL-Centrality the following:

A. Documents sufficient to show Plaintiff was administered DMPA.

B. Documents sufficient to show Plaintiff has been diagnosed with meningioma consistent with your response to question 3.B.

**5. Declaration**

I declare under penalty of perjury subject to 28 U.S.C. § 1746 that all the information I have provided in this Questionnaire is true and correct, to the best of my knowledge, and that all documents submitted on my behalf in connection with this Questionnaire are genuine and true and correct copies of their originals. I further acknowledge that the responses contained in this Form will be treated as interrogatory responses pursuant to Federal Rule of Civil Procedure 33 and will be subject to Federal Rules of Civil Procedure 26 and 37.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_