UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

IN RE: ROUNDUP PRODUCTS LIABILITY LITGATION	MDL No. 2741 Case No. 16-md-02741-VC
This document relates to: ALL ACTIONS	

PLAINTIFF FACT SHEET

You are required to provide the following information regarding yourself, or for each individual on whose behalf you are asserting legal claims in the above lawsuit. Each question must be answered in full, but you may approximate where specified below. If you do not know or cannot recall the information needed to answer a question, please explain that in response to the question. Please do not leave any questions unanswered or blank. If you are filling out this Fact Sheet in hard copy, use additional sheets as needed to fully respond.

I. REPRESENTATIVE CAPACITY

A. If you are completing this Fact Sheet **on behalf of someone else** (*e.g.*, a deceased person, an incapacitated person, or a minor), please complete the following:

1. _____
Your Name

2. _____
Your Home Address

3. What is your relationship to the person upon whose behalf you have completed this Fact Sheet? (*e.g.*, parent, guardian, Estate Administrator)

_____

[If you are completing this questionnaire in a representative capacity, please respond to the remaining questions on behalf of the person who used or was exposed to Roundup® or other glyphosate-based herbicides.]

II. PERSONAL INFORMATION

A. Name: _____

Other Names by which you have been known (from prior marriages or otherwise, if any): _____

B. Sex: _____

C. Social Security Number: _____

D. Date and Place of Birth (City, State, Country):

_____

E. For each different city where you have lived for the past twenty-five (25) years, provide the following information:

City and State (include Country if outside the United States)	**Approximate Dates You Lived There (Month/Year to Month/Year)**

F. Please complete the chart below detailing your employment history for the past twenty-five (25) years. If there were periods of retirement, unemployment, or student status during the past 25 years, include those as well.

Number	Name of Employer	City and State Where You Worked	Approximate Dates of Employment (Month/Year to Month/Year)	Occupation or Job Title	Job Duties
1					
2					
3					
4					

G. Workplace Checklist: Have you ever worked in any of the occupations or workplaces listed below? If so, please check "yes" and then list the number(s) in the chart in section II(F) above that corresponds to that occupation.

Industry	Yes	No	Number in Chart in Section II(F)
Car Mechanic			
Cleaning/Maid Service			
Electrician			
Farming/agricultural			
Hairdressing			
Handled fission products			
Handled jet propellant			
Handled solvents			
Horticultural			
Hospitals and Clinics			
Landscaping			
Metal Working			
Painting			
Pest Exterminator			
Pesticide use			
Petroleum Refinery			
Rubber Factory			
Schoolteacher			
Textile			
Woodworking			
X-radiation or gamma-radiation (regular exposure)			

III. FAMILY INFORMATION

A. For any grandparent, parent, sibling, or child who has been diagnosed with cancer or who has died, please provide the following information. Please include any adopted or step-children or siblings.

Name	Relationship	Approximate Birth Year	Approximate Date of Death	Cause of Death	Diagnosed with cancer?	Date/Type

IV. PERSONAL MEDICAL HISTORY

A. To the best of your ability, please list all primary care healthcare providers (not including pharmacies) where you have received care over the last 25 years. For each, please provide the name, city and state, and approximate dates of care.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

B. Please indicate whether your medical history includes any of the following conditions, procedures, or medications:

Condition, Procedure, or Medication:	**Yes**	**No**	**Treating Physician**
Diabetes			
Obesity			
Auto-immune diseases (including but not limited to Crohn's disease, Ulcerative Colitis, HIV)			
Epstein Barr			
Ulcers			
Celiac Disease			
Hepatitis C			
Eczema			
Radiation			
Smoking			
Lupus			
Rheumatoid Arthritis			
Organ, stem cell, or other transplant			
Immunosuppressive Medications			

C. To the best of your ability, please list all healthcare providers (not including pharmacies) where you have received treatment over the last 25 years for any type of cancer (including NHL), **or** for any of the conditions, procedures, or medications listed in the chart directly above. For each, please provide the name, city and state, approximate dates of care, and the reason for your visit. You do not need to repeat healthcare providers listed in question (A). **Please also execute the medical authorizations included in Exhibit A.**

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

V. CANCER HISTORY

A. Have you been diagnosed with non-Hodgkin's lymphoma, or "NHL"?

Yes _____ No _____

B. When were you first diagnosed with NHL?

Year _____ Month _____

C. Approximately when did you first begin experiencing symptoms of NHL?

Year _____ Month _____

D. Please list the names of the physician(s) that first diagnosed you with NHL and the city and state in which you were diagnosed.

_____

E. Please list the names of the primary oncologist(s) who have treated your NHL.

_____

F. Describe your NHL. For example, do you have B-cell or T-cell NHL? Is it aggressive or indolent? Small cell or large cell? Any other details? (If you have Mycosis Fungoides, make sure to specify this.)

_____

G. Have you been diagnosed with any types of cancer other than NHL?

Yes _____ No _____

H. **If yes**, please answer the following questions for each type of cancer that you have been diagnosed with other than NHL:

1. What type of cancer was diagnosed (including sub-type, if applicable)?

_____

2. On approximately what date did you first experience any symptoms that you believe are related to that cancer?

_____

3. Please list the names of the physician(s) that first diagnosed you with that cancer.

_____

4. Please list the names of the primary oncologist(s) who have treated that cancer.

_____

I. Has any physician or healthcare provider ever told you that you have a genetic predisposition for developing NHL or other types of cancer?

If yes, answer the following:

1. Name, location (city and state), and occupation of the person who told you this.

_____

2. What were you specifically told about your genetic predisposition?

_____

_____

_____

3. Approximately when were you told this information?

_____

VI. PRIOR CLAIMS, LEGAL MATTERS, AND MEDICAL COVERAGE

A. Have you ever filed a workers' compensation claim for accidents or injuries relating to substance exposure in the workplace? (Answer "no" if you have only filed workers' compensation claims **unrelated to** substance exposure.)

Yes _____ No _____

If yes, please state:

1. Approximate date the claim was filed with your employer, or date that you notified employer of accident/injury giving rise to workers' compensation claim:

_____

2. Nature of injury or accident claimed (what happened):

_____

_____

_____

B. Have you ever filed a claim for Social Security disability insurance benefits ("SSDI") for a disability caused by substance exposure in the workplace? (Answer "no" if you have only filed SSDI claims **unrelated to** substance exposure.)

Yes _____ No _____

If yes, please state:

1. Approximate date the claim was filed with the Social Security Administration:

_____

2. Nature of disability giving rise to claim:

_____

_____

_____

C. Have you ever filed any other type of disability claim for a disability caused by substance exposure in the workplace? (Answer "no" if you have only filed other types of disability claims **unrelated to** substance exposure.)

Yes _____ No _____

If yes, please state:

1. Approximate date claim was filed: _____

2. Name of insurer/employer/government or other party to whom claim was made and, if applicable, claim number assigned:

_____

_____

_____

3. Nature of disability giving rise to claim:

_____

_____

D. Have you ever been denied life insurance for reasons relating to your medical, physical, psychiatric or emotional condition?

Yes _____ No _____

If yes, please state when, the name of the company, and the reason(s) for denial.

_____

_____

_____

E. Have you ever been denied medical insurance?

Yes _____ No _____

If yes, please state when, the name of the company, and the reason(s) for denial.

_____

_____

_____

F. Have you ever **filed** a lawsuit or claim (**including administrative charges, unemployment claims, and bankruptcy petitions)** against anyone aside from the present lawsuit?

Yes _____ No _____

If yes, for each lawsuit, state (1) the court in which the lawsuit was filed; (2) the case name; (3) the civil action or docket number assigned to the lawsuit; (4) a description of your claims in the lawsuit; and (5) the final result, outcome, or adjudication of claims (*e.g.*, whether the lawsuit was dismissed by parties, dismissed by court, judgment granted in favor of a party).

_____

_____

_____

_____

VII. ROUNDUP® AND OTHER GLYPHOSATE-BASED HERBICIDES

A. Have you used Roundup® or other glyphosate-based products?

Yes _____ No _____

B. When did you first begin using Roundup® or other glyphosate-based products?

Year _____ Month _____

C. Please complete the chart below to detail your exposure to Roundup® and other glyphosate-based products. Use as many rows as necessary to describe different periods of usage.

Dates of Usage	**Product Name (Please specify which products are Roundup® products.)**	**Frequency of Exposure**	**Usage**	**Type of Usage**[1] (check all that apply):	**Reason for Usage**	**Location of Exposure (City and State)**
Example: 1980-1985	Example: Roundup® Grass and Weed Killer	Example: Once per week	Example: I sprayed Roundup® in my yard using a hand sprayer.	Residential: _X_ IT&O: ___ Agricultural: ___	Example: To control weeds on my personal property.	Example: Oakland, CA
				Residential: ___ IT&O: ___ Agricultural: ___		
				Residential: ___ IT&O: ___ Agricultural: ___		
				Residential: ___ IT&O: ___ Agricultural: ___		

[1] Residential includes using the product on your lawn, garden, or place of residence. Industrial, Turf, and Ornamental ("IT&O") includes using the product in areas such as golf courses, nurseries, roadsides, or for turf management or landscaping. Agricultural includes using the product to assist with farming or harvesting crops.

D. Describe any precautions you took while using these products (examples: wearing gloves, a mask, or other protective gear).

_____

_____

_____

E. For the products identified in the chart above, do you have the receipts, proof of purchase, or store of purchase for each product you claim to have used?

Yes _____ No ____

To the extent you have receipts, proof of purchase, or store of purchase for these products, please provide copies of those receipts and other documents.

F. Please complete the chart below to detail your exposure to other herbicides or pesticides. Use as many rows as necessary to detail different periods of usage.

Dates of Usage	Type and Brand of Herbicide or Pesticide	Frequency of Exposure	Usage	Reason for Usage
Example: 2000-2010	Example: Viper Insecticide Concentrate	Example: every weekday	Example: I sprayed it using a pump sprayer.	Example: I used the pesticide in my job as an exterminator.

VIII. DAMAGES CLAIMS

A. If you are claiming loss of income due to injuries allegedly caused by Roundup® or other glyphosate-based herbicides, complete the following for each of your employers, starting ten (10) years prior to your first diagnosis with cancer (whether NHL or another type of cancer) and continuing through today.

Employer	Location (City and State)	Average Hours per Week	Day or Night Shift	Approximate Dates of Employment	How much money did you make in this job per week? Please specify how much was due to overtime pay or bonuses.

B. State the total amount of time that you have lost from work as a result of any medical condition that you claim was caused by Roundup® or other Monsanto glyphosate-based herbicides, and the amount of income that you lost:

1. Medical Condition: _____

2. Total number of days lost from work due to above medical condition or, if forced retirement, date of retirement:

_____days

3. Estimated total income lost (to date) from missed work, including

explanation as to method used to calculate number:

_____

_____

_____

C. Have you paid or incurred any out-of-pocket medical expenses (that is, expenses not paid by your insurance company or by a government health program) related to any condition that you claim or believe was caused by Roundup® or other Monsanto glyphosate-based products for which you seek recovery in this lawsuit?

Yes _____ No _____

If yes, please state the total amount of such expenses at this time: $ _____

D. If you are making any claims for other non-medical out-of-pocket expenses, please complete the following:

1. For what? _____

2. Amount of fees or expenses: $ _____

E. Please list the names of all insurers or government health programs who have been billed for or paid medical expenses related to any condition that you claim or believe was caused by Roundup® or other Monsanto glyphosate-based products for which you seek recovery in this lawsuit.

_____

_____

_____

IX. DOCUMENTS

Please attach the following documents to this Fact Sheet, making certain that all releases are signed and dated within **30** days of submission:

A. Medical records release (Ex. A)—execute one per healthcare provider (including mental health, only if you are claiming mental health damages, including emotional distress, in the lawsuit). Plaintiffs' counsel will also obtain 10 blank forms covering the past 25 years, and if Monsanto identifies additional health care providers not identified in the PFS or on Exhibit A, Plaintiff will fill in that health care provider and provide to Monsanto within seven days of the request.

B. Employment history release (Ex. B)—execute one for each employer in the past 25 years.

C. Workers' compensation, social security disability, and insurance claims releases (Ex. C).

D. If you are claiming loss of income due to injuries allegedly caused by Roundup® or other glyphosate-based herbicides, complete the tax records and social security income release for the past 10 years (Ex. D).

E. If applicable, decedent's death certificate.

DECLARATION

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, and that I have supplied all the documents requested in Part IX of this Declaration, to the extent that such documents are in my possession, custody, or control, or in the possession of my lawyers.

_____ _____

Signature Date

_____

Name (Printed)