

EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

IN RE: DEPUY ORTHOPAEDICS,	§	
INC., PINNACLE HIP IMPLANT	§	MDL Docket No.
PRODUCTS LIABILITY	§	
LITIGATION	§	3:11-MD-2244-K

PINNACLE PLAINTIFF PROFILE FORM
(DO NOT FILE THIS FORM WITH THE COURT)

1. (a) Name:

- i. Last Name:
- ii. First Name:
- iii. Middle Name:

(b) Address:

- i. Address Line 1:
- ii. Address Line 2:
- iii. City:
- iv. State:
- v. Zip Code:

(c) Date of Birth:

(d) Attorney Name, Firm Name, Phone Number and Email:

- i. Name:
- ii. Firm:
- iii. Phone Number:
- iv. Email:

2. HIP SURGERY HISTORY

(a) Have you had a hip replaced with a DEPUY Pinnacle Acetabular Cup and related components on which you are basing your claim ("Pinnacle Implant")?

Yes No

(b) Which Hip? Right Left Both (select one)

(c) **RIGHT HIP SURGERY HISTORY (if applicable)**

RIGHT HIP - INITIAL SURGERY (if applicable)

(1) Date of Implant (INITIAL SURGERY):

(2) Surgeon (INITIAL SURGERY):

Surgeon Name:

(3) Hospital where INITIAL SURGERY performed:

Hospital/Facility:

City:

State:

(4) Hip Implant Details (INITIAL SURGERY)

Type of LINER used:

METAL

CERAMIC

POLYETHYLENE

Product Number:

Lot Number:

Type of HEAD used:

METAL

CERAMIC

Product Number:

Lot Number:

CUP Used:

Product Number:

Lot Number:

RIGHT HIP - REVISION (if applicable)

Has any component of the Pinnacle Implant initially implanted in your right hip been removed? Yes No If yes, please answer the following:

(1) Date of REVISION:

(2) REVISION SURGEON:

Surgeon Name:

(3) Hospital where REVISION performed:

Hospital/Facility:

City:

State:

(4) REVISION surgery details:

Which components were removed? (check all that apply):

CUP

LINER

HEAD

STEM

If the LINER was removed, what type of LINER was it replaced with?

METAL

CERAMIC

POLYETHYLENE

Product Number:

Lot Number:

If the HEAD was removed, what type of HEAD was it replaced with?

METAL

CERAMIC

Product Number:

Lot Number:

If the CUP was removed, what CUP was it replaced with?

Product Number:

Lot Number:

RIGHT HIP - SECOND REVISION (if applicable)

Have you had a second revision on your right hip? Yes No

If yes, please answer the following questions about your second revision surgery:

(1) Date of SECOND REVISION:

(2) SECOND REVISION Surgeon:

Surgeon Name:

(3) Hospital where SECOND REVISION performed:

Hospital/Facility:

City:

State:

(4) SECOND REVISION surgery details:

Which components were removed? (check all that apply):

CUP

LINER

HEAD

STEM

If the LINER was removed, what type of LINER was it replaced with?

METAL

CERAMIC

POLYETHYLENE

Product Number:

Lot Number:

If the HEAD was removed, what type of HEAD was it replaced with?

METAL

CERAMIC

Product Number:

Lot Number:

If the CUP was removed, what CUP was it replaced with?

Product Number:

Lot Number:

(d) **LEFT HIP SURGERY HISTORY (if applicable)**

LEFT HIP - INITIAL SURGERY (if applicable)

(1) Date of Implant (INITIAL SURGERY):

(2) Surgeon (INITIAL SURGERY):

Surgeon Name:

(3) Hospital where INITIAL SURGERY performed:

Hospital/Facility:

City:

State:

(4) Hip Implant Details (INITIAL SURGERY)

Type of LINER used:

METAL

CERAMIC

POLYETHYLENE

Product Number:

Lot Number:

Type of HEAD used:

METAL

CERAMIC

Product Number:

Lot Number:

CUP Used:

Product Number:

Lot Number:

LEFT HIP - REVISION (if applicable)

Has any component of the Pinnacle Implant initially implanted in your left hip been removed? Yes No If yes, please answer the following:

(1) Date of REVISION:

(2) REVISION SURGEON:

Surgeon Name:

(3) Hospital where REVISION performed:

Hospital/Facility:

City:

State:

(4) REVISION surgery details:

Which components were removed? (check all that apply):

CUP

LINER

HEAD

STEM

If the LINER was removed, what type of LINER was it replaced with?

METAL

CERAMIC

POLYETHYLENE

Product Number:

Lot Number:

If the HEAD was removed, what type of HEAD was it replaced with?

METAL

CERAMIC

Product Number:

Lot Number:

If the CUP was removed, what CUP was it replaced with?

Product Number:

Lot Number:

LEFT HIP - SECOND REVISION (if applicable)

Have you had a second revision on your left hip? Yes No

If yes, please answer the following questions about your second revision surgery:

(1) Date of SECOND REVISION:

(2) SECOND REVISION Surgeon:

Surgeon Name:

(3) Hospital where SECOND REVISION performed:

Hospital/Facility:

City:

State:

(4) SECOND REVISION surgery details:

Which components were removed? (check all that apply):

CUP

LINER

HEAD

STEM

If the LINER was removed, what type of LINER was it replaced with?

METAL

CERAMIC

POLYETHYLENE

Product Number:

Lot Number:

If the HEAD was removed, what type of HEAD was it replaced with?

METAL

CERAMIC

Product Number:

Lot Number:

If the CUP was removed, what CUP was it replaced with?

Product Number:

Lot Number:

3. If you have not had a revision surgery of your Pinnacle Implant, but one (or more) is scheduled, provide the date(s): Date: _____ Date: _____

4. (a) If you had a revision of your Pinnacle Implant, did you experience any of the following complications in connection with your initial hip implant *before* your first revision?

Yes No If yes, specify the type of complication (check all that apply):

PSEUDOTUMOR	ABDUCTOR MUSCLE REPAIR
STROKE/HEART ATTACK	DISLOCATION w/OPEN REDUCTION
CONSTRAINED LINER	DISLOCATION w/CLOSED REDUCTION
PULMONARY EMBOLISM	INFECTION REQUIRING IV ANTIBIOTICS
LOOSENING OF CUP	LOOSENING OF STEM
FRACTURE (Bone)	METAL WEAR/METALLOSIS CONFIRMED
FRACTURE (Component)	IN MEDICAL RECORDS
	ELEVATED METAL IONS CONFIRMED
	IN MEDICAL RECORDS

(b) If you had a revision of your Pinnacle Implant, have you experienced any of the following complications *after* your first revision?

Yes No If yes, specify the type of complication (check all that apply):

PSEUDOTUMOR	ABDUCTOR MUSCLE REPAIR
STROKE/HEART ATTACK	DISLOCATION w/OPEN REDUCTION
CONSTRAINED LINER	DISLOCATION w/CLOSED REDUCTION
PULMONARY EMBOLISM	INFECTION REQUIRING IV ANTIBIOTICS
LOOSENING OF CUP	LOOSENING OF STEM
FRACTURE (Bone)	ELEVATED METAL IONS CONFIRMED
FRACTURE (Component)	IN MEDICAL RECORDS

5. Have you included your product identification stickers with respect to each component of your PINNACLE IMPLANT(S)? Yes No

YOU MUST SUBMIT PRODUCT IDENTIFICATION (IMPLANT STICKERS) for ALL PINNACLE PRODUCTS (implanted during ORIGINAL or REVISION procedures) WITH THIS PLAINTIFF PROFILE FORM.