

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION**

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In Re: COOK MEDICAL, INC., IVC FILTERS  
MARKETING, SALES PRACTICES AND  
PRODUCTS LIABILITY LITIGATION

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Case No. 1:14-mj-2570-RLY-TAB  
MDL No. 2570

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This Document Relates to All Actions

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**AMENDED CASE MANAGEMENT ORDER # 13  
(MEDICAL RECORDS DESIGNATION)**

This Order shall govern (1) all cases transferred to this court by the Judicial Panel on Multidistrict Litigation, including those cases identified in the original Transfer Order and those subsequently transferred as tag-along actions; and (2) all cases directly filed in or removed to this MDL. This order addresses the disputes identified in Filing No. 3303, and resolves them in Plaintiffs' favor based upon the reasons Plaintiffs articulated in that filing. Accordingly, it is ORDERED as follows:

In conjunction with submitting a completed Plaintiff Profile Sheet, each plaintiff must submit the medical record(s) that document the conditions listed below, if the plaintiff claims the condition and attributes it to a Cook IVC Filter. IVC perforation and description of any associated injury;

- IVC and organ perforation and description of any associated injury;
- fracture and description of any associated injury;
- migration and description of any associated injury;
- tilt and/or embedment and description of any associated injury;

- death and cause of death;
- post-implant need for life-time anti-coagulation and cause;
- post-implant IVC thrombosis, pulmonary embolism, deep vein thrombosis, or post thrombotic syndrome and cause;
- post- implant pain or other symptoms and cause;
- surgical reports from all attempted filter removals;
- records indicating whether any removal attempt was routine or complicated;
- records indicating whether all or part of a filter is not retrieved after a retrieval procedure or “unretrievable”; and
- if not previously produced pursuant to paragraph 1(d) of Case Management Order #4, Amended Case Management Order #4, or Second Amended Case Management Order #4, all images of the filter ((i.e., x-rays, venograms, fluoro, CT, MRIs, and/or photos). All imaging produced in a non-electronic form will be returned to the producing party within 30 days, unless the producing party indicates that return is not necessary.

In any case in which the PFS and PPF have previously been submitted or are past-due, the submission of designated medical records shall be sent by electronic or hard copy to:

MDL No. 2570 IN RE: Cook Medical, Inc.  
WOODEN MCLAUGHLIN LLP  
One Indiana Square, Suite 1800  
Indianapolis, IN 46204-4208  
[CookIVCFMDL@woodmclaw.com](mailto:CookIVCFMDL@woodmclaw.com)

Joseph N. Williams  
RILEY WILLIAMS & PIATT LLC  
301 Massachusetts Avenue  
Indianapolis, IN 46204  
[jwilliams@rwp-law.com](mailto:jwilliams@rwp-law.com)

Michael W. Heaviside  
HEAVISIDE REED ZAIC  
910 17<sup>th</sup> St. NW, Suite 800  
Washington, DC 20006  
[mheaviside@hrzlaw.com](mailto:mheaviside@hrzlaw.com)

Ben C. Martin  
LAW OFFICE OF BEN C. MARTIN  
3219 McKinney Ave., Ste. 100  
Dallas, TX 75204  
[bmartin@bencmartin.com](mailto:bmartin@bencmartin.com)

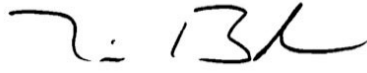
David P. Matthews  
MATTHEWS & ASSOCIATES  
2905 Sackett St. Houston,  
TX 77098  
[dmatthews@thematthewslawfirm.com](mailto:dmatthews@thematthewslawfirm.com)

Defendants suggest the use of the format attached as Exhibit “A” for the submission of the above information. Plaintiffs may use that format or any other format for the submission of information, so long as the above-referenced information is contained therein.

All parties stipulate that any plaintiff’s designation of medical records, in any form, as well as any information, in any form, provided pursuant to this Order (including but not limited to Exhibit A) will not be offered into evidence and will not be admissible as evidence in any trial and will not be used as a basis, in whole or in part, for any dispositive motion or other motion in this case, and will not be used in any form in any deposition taken in this case. Medical records provided pursuant to this Order that are otherwise admissible shall continue to be admissible subject to the limitations stated above.

This order does not alter each plaintiff’s obligation to provide all medical records in their possession or control, as set out in paragraph 1(d) of Case Management Order #4 or Amended Case Management Order #4 or Second Amended Case Management Order # 4.

Date: 2/17/2017

A handwritten signature in black ink, appearing to read 'T. Baker', written above a horizontal line.

Tim A. Baker  
United States Magistrate Judge  
Southern District of Indiana

Copies to all registered counsel of record via the Court's ECF system. Service on all nonregistered counsel of record to be made by Plaintiffs' Lead Counsel.

# EXHIBIT A

EXHIBIT A

**CATEGORIZATION FORM**

**Attach the following medical records, and only the following records, to this form: (1) the record(s) documenting the conditions indicated below, with the condition highlighted or tabbed; and (2) all imaging in the plaintiff's possession (i.e., x-rays, venograms, fluoroscopic images, CT scans, MRIs, and photographs of the removed filter (if applicable)). All other medical records should be produced pursuant to the directions in the Plaintiff Profile Sheet attached to Second Amended CMO No. 4.**

Plaintiff Name ( <i>Last, First, M.I.</i> ):		<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Case Number:	Date filed:	Plaintiff's Counsel Name:	
		Address:	
		Phone number:	
<b>IMPLANT INFORMATION</b>			
Filter Name:	Reference / Model #:	Lot #:	
Implant Physician:	Implant Facility:		
Implant Date:	Facility Location:		
Reason for Implant (current or prior PE, DVT, thrombosis, or prophylactic):	Implant Incision Location (antecubital, femoral, or jugular):		
Identify any Anti-Coagulant Use Prior to Filter Implantation:			
<b>REMOVAL INFORMATION</b>			
Has physician recommended removal: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has filter removal been attempted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why was removal recommended: <input type="checkbox"/> Routine <input type="checkbox"/> Other:			
If removal recommended, but not attempted, why not attempted:			
<b>Removal Attempt # 1</b>	Date of attempt:	Removal Successful: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of procedure: <input type="checkbox"/> Standard Percutaneous <input type="checkbox"/> Complex Percutaneous <input type="checkbox"/> Open	# Nights Hospitalized:		
Physician:	Facility:		
Incision Location:	Facility Location:		
If complex percutaneous or open procedure, describe procedure:			
<b>Removal Attempt # 2<sup>1</sup></b>	Date of attempt:	Removal Successful: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of procedure: <input type="checkbox"/> Standard Percutaneous <input type="checkbox"/> Complex Percutaneous <input type="checkbox"/> Open	# Nights Hospitalized:		
Physician:	Facility:		
Incision Location:	Facility Location:		
If complex percutaneous or open procedure, describe procedure:			

<sup>1</sup> If additional removal procedures occurred, attach additional pages.

**CURRENT CONDITION AND FUTURE TREATMENT INFORMATION**

Filter or Any Portion Remaining In Vivo: <input type="checkbox"/> Yes <input type="checkbox"/> No	What remains:	Location(s):
Future Removal Planned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of procedure: <input type="checkbox"/> Standard Percutaneous <input type="checkbox"/> Complex Percutaneous <input type="checkbox"/> Open	
Date of planned procedure:	Physician:	
Facility:	Facility Location:	

Describe ongoing treatment, if any, due to filter or portion remaining:

**CATEGORIZATION INFORMATION**

**ATTACH AND HIGHLIGHT OR TAB THE MEDICAL RECORD(S) PROVING THE CONDITIONS LISTED BELOW**

Filter	Write "Yes" or "No"	Date of Diagnosis or Identification of Condition	Additional Information
Perforation of IVC			Was Perforation Greater than 3mm Outside the Vena Cava? (Yes/No/Unknown)
Perforation of Organ or Structure Outside of IVC			Organ or Structure Perforated:
Embedment			Tilting of Filter (Yes/No):  Describe portion of filter allegedly embedded:
Fracture			Describe portion of filter fractured and impact, if any:
Migration			Portion of Filter Migrating:  Location Migrated To:

Alleged Injury Attributed to Filter	Write "Yes" or "No"	Date of Diagnosis or Identification of Condition	Additional Information
Post-Implant Pain		Start:  End:	Record or Basis for Attributing to Filter:  Location of Pain:  Frequency:
PE or DVT Allegedly Caused by Filter			Record or Basis for Attributing to Filter:  Description:
Post Implant Lifetime Anticoagulation			Record or Basis for Attributing to Filter:  Description of Lifetime Anticoagulation Treatment Plan:
Death			Cause of death:
Post-thrombotic syndrome			Record or Basis for Attributing to Filter:
Other Alleged Injury Caused by Filter:			Description: