

EXHIBIT B

ZANTAC (RANITIDINE) CENSUS PLUS

A. CASE DETAILS

1. Has this case been filed?

If Yes:

2. Case name: _____
3. Case number: _____
4. Name of the court in which the complaint was initially filed: _____
5. Filing date of the complaint: _____
6. Named plaintiff(s) in the complaint:
 - a. Zantac User: _____
 - b. Derivative Plaintiff (spouse, etc.)/ Other: _____
7. Named defendant(s) in the complaint: _____
8. Name of the counsel responsible for completion of this form, firm name, address, phone number, and email address: _____
9. Other firm(s) representing the plaintiff(s), address, phone number, and email address: _____

If No:

10. Was counsel retained prior to the date the court appointed the PSC? Yes/ No
If no, select the year and quarter of retention (from dropdown)
11. Claimant (Zantac user): _____
12. Derivative claimants (spouse, etc.): _____
13. Anticipated defendant(s) based on investigation to date: _____
14. Name of the counsel responsible for completion of this form, firm name, address, phone number, and email address: _____
15. Other firm(s) representing the plaintiff(s), address, phone number, and email address: _____

B. ZANTAC USER INFORMATION¹

16. Any alias used from start of Zantac usage: _____
17. Date of birth: _____
18. Last 4 of SSN: _____
19. Current Address: _____ City: _____ State: _____ Zip: _____
20. Phone: _____
21. Email: _____
22. What is your sex? Female Male Other
23. Marital status [drop down menu – single, married, divorced, separated, widowed]
24. Do you have children? Yes No
 - a. If yes, how many? _____

¹ For questions in this section directed to “you,” please provide responses for the Zantac user.

- 25. Please provide your occupation(s) and dates of employment: _____
- 26. Have you ever filed for bankruptcy? Yes No
 - a. If yes, list year and state of filing: _____
- 27. Is the Zantac user deceased? Yes No
- 28. Is this claim being brought by a representative for the Zantac user? Yes No.

If yes:

- a. Reason for representative (dropdown: minor, incapacitated, or deceased)
- b. Name of representative: _____
- c. Relationship of the representative to the Zantac user: _____
- d. Representative's date of birth: _____
- e. Representative's Social Security No. (last 4): _____
- f. Representative's Phone: _____
- g. Representative's Email: _____
- h. Address of Representative: _____ City: _____ State: _____ Zip: _____

C. ZANTAC USAGE INFORMATION

- 29. Approximate FIRST use of Zantac: _____(month) _____ (year)
- 30. Approximate LAST use of Zantac: _____(month) _____ (year)
- 31. State(s) of residence during Zantac use: _____ Appx. Dates (month/year): _____
- 32. Condition(s) that prompted the use of Zantac: [drop down menu with conditions]

33. Identify ALL Zantac products used to the best of your present recollection:

- | | | |
|--|--|---|
| <input type="checkbox"/> Zantac (Injection) | <input type="checkbox"/> Ranitidine | <input type="checkbox"/> Ranitidine Capsule |
| <input type="checkbox"/> Zantac (Syrup) | <input type="checkbox"/> Suspension | <input type="checkbox"/> Other Brand/Generic: _____ |
| <input type="checkbox"/> Zantac (Tablets and Capsules) | <input type="checkbox"/> Ranitidine Syrup | |
| <input type="checkbox"/> Ranitidine Injection | <input type="checkbox"/> Ranitidine Tablets and Capsules | |

For each product, the following questions will appear:

- a. Identify the dosage(s) used [drop down menu with dosages and a do not recall option]
- b. Duration of usage, to the best of your present recollection (approximate month/year to month/year, or year started/stopped if month is not recalled)
- c. Frequency of usage: Daily Weekly Occasional Periods of Non-Use (at least 3 months without use) Other (describe): _____
- d. How did you obtain it? Prescription Over the counter Both

If Prescription:

- e. List prescribing doctor(s) and address(es): _____
- f. Do you have prescription record(s)? Yes No
- g. If yes, upload record(s). If no, were records requested through the Registry vendor or by counsel directly? [checkbox with month/year]
- h. Might you have used your health insurance to purchase your prescription? Yes No
 - i. If yes, please identify insurer: _____

If OTC:

- i. Was **over-the counter** Zantac recommended by a health care provider?
 - Yes No If yes, identify the physician(s) or provider(s) and address: _____

- j. Name and address(es) of pharmacy(ies)/stores/online sellers where **over-the-counter** Zantac was purchased: _____
- 1) Do you have a loyalty or rewards card at the pharmacy or other place of purchase? Yes No
 - 2) If yes, please check the appropriate box:
 - Records requested through the Registry vendor on [month/year];
 - Records requested by counsel directly on [month/year]; or
 - Counsel anticipates no records exist.
 - 3) Do you have any record(s) showing any of your purchases? Yes No
If yes, upload record(s).
 - 4) Might you have used your health savings account, etc. to purchase your **over-the-counter** medication?
 - Yes No If yes, please identify plan(s): _____

For Both OTC and Rx:

- k. Was Zantac used/administered in a hospital or in-patient facility? Yes No
If YES, describe use: Oral Intravenous Injection
- l. Do you have any medical records reflecting your use of Zantac? Yes No.
 - i. If yes, upload record(s).
 - ii. If no (select box and type in date):
 1. records requested through Registry vendor on __; or
 2. records requested by counsel/ counsel's vendor on or about __;
 3. records not expected to exist.
- m. Do you have any records reflecting your purchase of Zantac? Yes No
 - iii. If yes, upload record(s).
 - iv. If no (select box and type in date):
 1. records requested through Registry vendor on __; or
 2. records requested by counsel/ counsel's vendor on or about __;
 3. records not expected to exist.

D. PHYSICAL INJURY INFORMATION

1. Risk Factors [drop-down menu with common cancer risk factors, e.g, smoking]
2. Did you experience wage loss as a result of your injury(ies)? Yes No
If yes, please identify the lost wages: _____
3. Were you diagnosed with any type of cancer before you began using Zantac? Yes No
If yes, please identify the type(s) of cancer and date(s) of diagnosis: _____
4. Indicate the user's alleged injury(ies) the plaintiff(s) claims were caused by Zantac/ranitidine usage:

<input type="checkbox"/> Bladder Cancer	<input type="checkbox"/> Ovarian Cancer
<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Pancreatic Cancer
<input type="checkbox"/> Colorectal Cancer	<input type="checkbox"/> Uterine Cancer
<input type="checkbox"/> Esophageal Cancer	<input type="checkbox"/> Stomach Cancer
<input type="checkbox"/> Intestinal Cancer	<input type="checkbox"/> Testicular Cancer
<input type="checkbox"/> Kidney Cancer	<input type="checkbox"/> Death Related to Cancer
<input type="checkbox"/> Liver Cancer	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lung Cancer	

For each cancer/ injury marked, the following questions will be shown:

- a. Initial Diagnosis Date: _____
 - b. Stage of Cancer at Diagnosis: _____
 - c. Stage of Cancer currently: _____
 - d. Do you have a family history (parents, grandparents, or siblings) of the identified cancer?
 Yes No If yes, please identify relative: [drop down menu]
 - e. Risk Factors for specific cancer alleged [drop-down menu]
5. Check one:
- a. I have uploaded the isolated medical record(s) showing initial diagnosis and date of initial diagnosis.
 - b. The medical records were ordered by counsel directly, beginning in ____.
 - c. The medical records are being ordered through the registry vendor, and were requested on: _____
6. Provide the name(s), specialty (general practitioner; oncologist; or other), address(es) and phone number(s) of your treating physician(s) or healthcare professional:
- _____

CERTIFICATION

The Zantac user must sign and date the form below (online certification):

I declare under penalty of perjury that the following is true and correct to the best of my recollection:
I _____ ingested Zantac and, to the best of my knowledge, information and belief, I was diagnosed with cancer after I first began using Zantac.

Date: _____ Signature: _____
Name: _____

Alternative if the case was brought by a representative:

The Zantac user's representative must sign and date the form below (online certification):

I declare under penalty of perjury that the following is true and correct to the best of my knowledge, information and belief: _____ (Zantac user) ingested Zantac and was diagnosed with cancer after he/she first began using Zantac.

Date: _____ Signature: _____
Name: _____