MDL 3026: CMO 7 – EXHIBIT A

PLAINTIFF PROFILE FORM

Background Information:

1. **Plaintiff name:**
   If minor, name and address of parents:

Parent address:	Child address (if different):

2. **Date of Birth:** **Date of Death (if applicable):**
3. **State of Residence:** **State of Death (if applicable):**
4. **Gestational age of infant at birth:**
5. **Weight of infant at birth:**

Diagnosis, Treatment

All information in this section is provided on information and belief. Plaintiffs reserve the right to supplement and amend.

1. **Was infant diagnosed with NEC:**
2. **Name and address of facility where born:**

3. **Name and address of facility where diagnosed with NEC, if different:**

4. **Type(s) of Injuries:**

5. **Type(s) of treatment:** **Dates (Start, End):**

6. **Name and address of all healthcare providers who diagnosed and treated NEC:**

7. **Describe any ongoing medical problems or treatments related to NEC and identify any healthcare providers providing treatment for such medical problems.**

Medical Problems
Treating Providers

8. **Please indicate whether you are aware of the Infant having been diagnosed with any of the following conditions or procedures or receiving any of the following medications during the Infant's hospitalization for his/her birth or in the NICU (if transferred), whichever is later.**

Condition, Procedure, or Medication:	Yes	No	Don't Know/ Recall	Healthcare Provider
Prematurity	☐	☐	☐	
Low birth weight	☐	☐	☐	
Sepsis	☐	☐	☐	
Congenital heart disease	☐	☐	☐	
Assisted ventilation	☐	☐	☐	
Patent ductus arteriosus	☐	☐	☐	
Anemia	☐	☐	☐	
Administration of Indomethacin	☐	☐	☐	
Administration of glucocorticoids	☐	☐	☐	
Gastroschisis	☐	☐	☐	
Red blood cell transfusion	☐	☐	☐	

Hypoxia	☐	☐	☐	
Hypotension	☐	☐	☐	
Hypoalbuminemia	☐	☐	☐	
Family history of necrotizing enterocolitis	☐	☐	☐	

Please produce with this completed form the medical records of the Healthcare Providers and institutions identified above and any other of the Infant's medical records, including those of any twin or multiple birth, collected by or provided to your attorneys that are in counsel's possession as of the date this form is executed. In addition, please provide with this completed form fully executed medical records authorization forms for the hospital records of the Infant and of any twin or multiple birth, including from the NICU and/or any other hospitalization records.

9. **Please indicate whether Mother's medical history includes any of the following conditions, procedures, or medications during any pregnancy with the Infant.**

Condition, Procedure, or Medication:	**Yes**	**No**	**I don't recall/ know**	**Date(s) of Condition, Procedure, or Medication**	**Treating Physician(s)**
Chorioamnionitis	☐	☐	☐		
Pre-eclampsia	☐	☐	☐		
In utero growth restriction	☐	☐	☐		
Placental abruption	☐	☐	☐		
Prenatal antibiotics	☐	☐	☐		
Prenatal corticosteroids	☐	☐	☐		
Intrahepatic cholestasis during pregnancy	☐	☐	☐		
Premature rupture of membranes (water breaking early)	☐	☐	☐		
Smoking	☐	☐	☐		
Cocaine use	☐	☐	☐		
Methamphetamine use	☐	☐	☐		
Amphetamine use	☐	☐	☐		
Alcohol use	☐	☐	☐		
HIV	☐	☐	☐		

Please produce with this completed form the medical records of the Healthcare Providers and institutions identified in Item 9 above and any other of the Mother's medical records collected by or provided to your attorneys that are in counsel's possession as of the date this form is executed. In addition, please provide with this completed form fully executed medical records authorization forms for the Mother's prenatal and birthing records.

Product Use

All information in this section is provided on information and belief. Plaintiffs reserve the right to supplement and amend.

1. **Was cow-milk based formula given to infant:**
2. **Was cow-milk based fortifier given to infant:**
3. **Name of facility where cow-milk based formula or fortifier was given to infant:**

4. **Was infant given breast milk:**
5. **Was infant given donor breast milk:**
6. **Please list all brands and specific names of formula/fortifier administered to the infant, if known at this time:**

Date	Signature of Plaintiff / Representative	Printed Name of Signing Plaintiff / Representative