Attorney First Last
(AZ #_____/Admitted Pro Hac Vice)
Firm Name
Address
City, State Zip
Phone:
Fax:
Email:

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ARIZONA

IN RE: Bard Implanted Port Catheter Products Liability Litigation THIS DOCUMENT RELATES TO: _____, Plaintiff(s), v. Becton Dickinson and Company, et al., Defendants.	MDL No. 3081 **MASTER SHORT-FORM COMPLAINT AND JURY TRIAL DEMAND**

Plaintiff(s) named below, for their Complaint against Defendants named below, incorporate(s) by reference the Master Long-Form Complaint in MDL 3081 (Dkt. ___). Pursuant to Case Management Order No. ___, this Short-Form Complaint adopts the allegations, claims, and relief as set forth in the Master Long-Form Complaint. As set forth below, Plaintiff(s) may include (a) additional claims and allegations against Defendants, as set forth in Paragraph 15 or an additional sheet attached hereto; and/or (b) additional claims and allegations against other Defendants, as set forth in Paragraph 5 or an additional sheet attached hereto. Plaintiff(s) further allege(s) as follows:

I. PLAINTIFF(S)

1. Name of Plaintiff/Decedent implanted with Bard Implanted Port Catheter Product ("Device") (first, middle, and last name):

_____

2. Name of Plaintiff/Decedent's spouse (if bringing a loss-of-consortium claim):

_____

3. Other Plaintiff and capacity (*i.e.*, administrator, executor, guardian, conservator, representative, survivor, etc.), if any:

_____

II. DEFENDANT(S)

4. Plaintiff(s) name(s) the following Defendant(s) in this action:

- ☐ Becton, Dickinson and Company
- ☐ C.R. Bard, Inc.
- ☐ Bard Access Systems, Inc.
- ☐ Bard Peripheral Vascular, Inc.

5. Plaintiff(s) contend(s) that additional parties may be liable or responsible for Plaintiff(s)' damages alleged herein. Such additional parties and their citizenship are as follows:

_____

_____

_____

III. JURISDICTION AND VENUE

6. City and State of domicile of each Plaintiff at time of filing Plaintiff(s)' initial Complaint:

_____

7. City and State of residence of Plaintiff/Decedent at the time of Device placement:

_____

8. City and State of residence of Plaintiff/Decedent at the time of alleged injury for which a claim is asserted:

_____

9. Basis for jurisdiction:

☐ Diversity of citizenship (28 U.S.C. § 1332(a))

☐ Other: _____

a. Other allegations of jurisdiction and venue not expressed in Master Complaint:

_____

_____

10. Designated forum (United States District Court and Division, if applicable) in which Plaintiff asserts personal jurisdiction and venue would be proper absent direct filing:

_____

IV. PRODUCT USE AND INJURY

11. Plaintiff/Decedent was implanted with the following Device(s) and alleges that the Device(s) caused their injuries[1]:

☐ BardPort M.R.I. Implantable Port

☐ BardPort M.R.I. Low-Profile Implantable Port

☐ BardPort Titanium Dome Implantable Port

☐ BardPort Titanium Implantable Port

☐ M.R.I. Plastic Dual Lumen Port

☐ M.R.I. Ultra SlimPort Implantable Port

☐ Peritoneal Titanium Port

☐ PowerFlow Implantable Apheresis IV Port

☐ PowerPort ClearVUE isp Implantable Port

☐ PowerPort ClearVUE Slim Implantable Port

[1] **[DEFENDANTS' PROPOSAL]** Check all that apply.

[PLAINTIFFS' PROPOSAL] Check all that apply. See Exhibit A for additional information regarding the corresponding model numbers/product codes for these Devices.

- ☐ PowerPort duo M.R.I. Implantable Port
- ☐ PowerPort Implantable Port
- ☐ PowerPort isp Implantable Port
- ☐ PowerPort isp M.R.I. Implantable Port
- ☐ PowerPort M.R.I. Implantable Port
- ☐ PowerPort Slim Implantable Port
- ☐ PowerPort VUE M.R.I. Implantable Port
- ☐ PowerPort VUE Titanium Implantable Port
- ☐ SlimPort Dual-Lumen Rosenblatt Implantable Port
- ☐ Titanium Low-Profile Port
- ☐ Titanium SlimPort Implantable Port
- ☐ Vaccess CT Low-Profile Titanium Power-Injectable Port
- ☐ Vaccess CT Power-Injectable Implantable Port
- ☐ X-Port isp M.R.I. Implantable Port
- ☐ X-Port Low-Profile Titanium Port
- ☐ Other: _____

[PLAINTIFFS' PROPOSAL]

12. Date(s) of implantation as to the foregoing Device(s):

_____

_____

13. Model number(s)/product code(s), if available, for the foregoing Device(s):

_____

_____

14. Complication(s) alleged to have occurred from use of the foregoing Device(s):

- ☐ Catheter fracture
- ☐ Infection
- ☐ Thrombosis
- ☐ Other: _____

[DEFENDANTS' PROPOSAL]

For the Device(s) identified in Paragraph 11 above, provide the following:

Product code(s):_____

_____ or ☐ Unknown

Lot number(s): _____

_____ or ☐ Unknown

Date(s) of implant: _____

_____

Date(s) of explant:_____

_____ or ☐ Not Applicable

12. Complication(s) alleged to have occurred with Defendants' Device (briefly describe the nature of the complication(s) alleged to have been suffered by Plaintiff in the space below, e.g., catheter fracture, infection, or thrombosis):

_____

_____

_____

_____

_____

13. For each complication alleged by Plaintiff in Paragraph 12 above, state the date and circumstances upon which Plaintiff first learned of the alleged complication (briefly describe in the space below):

_____

_____

_____

_____

_____

14. For each complication alleged by Plaintiff in Paragraph 13 above, state the injuries Plaintiff alleges to have suffered (briefly describe in the space below):

_____

_____

_____

_____

_____

V. CAUSES OF ACTION

15. Plaintiff(s) adopt(s) in this Short-Form Complaint the following claims and allegations asserted in the Master Long-Form Complaint:

- ☐ Count I: Design Defect – Strict Liability
- ☐ Count II: Design Defect – Negligence
- ☐ Count III: Failure to Warn/Instruct – Strict Liability
- ☐ Count IV: Failure to Warn/Instruct – Negligence
- ☐ Count V: Manufacturing Defect – Strict Liability
- ☐ Count VI: Manufacturing Defect – Negligence
- ☐ Count VII: Breach of Express Warranty
- ☐ Count VIII: Breach of Implied Warranty
- ☐ Count IX: Negligent Misrepresentation
- ☐ Count X: Fraudulent Misrepresentation
- ☐ Count XI: Fraudulent Concealment
- ☐ Count XII: Consumer Fraud and/or Unfair and Deceptive Trade Practices
- ☐ Count XIII: Unjust Enrichment
- ☐ Count XIV: Loss of Consortium
- ☐ Count XV: Wrongful Death
- ☐ Count XVI: Survival
- ☐ Count XVII: Successor Liability
- ☐ Timeliness and Tolling of Statutes of Limitation and Repose

☐ Punitive Damages

☐ Count XVIII: Other _____

If additional claim(s) against Defendant(s) are alleged in Count XVIII above, the facts supporting such claim(s) must be pleaded. Plaintiff(s) assert(s) the following factual allegations:

_____

_____

_____

_____

_____

_____

16. Jury Trial demanded for all issues so triable?

☐ Yes

☐ No

WHEREFORE, Plaintiff(s) pray(s) for relief and judgment against Defendants and all such further relief that this Court deems equitable and just as set forth in the Master Long Form Complaint and Jury Demand and any additional relief to which Plaintiff(s) may be entitled.

Dated: _____

Respectfully submitted,

/s/ _____
Attorney First Last
(AZ #_____/Admitted Pro Hac Vice)
Firm Name
Address
City, State Zip
Phone:
Fax:
Email:

[PLAINTIFFS' PROPOSAL]

EXHIBIT A

Brand Name	**Model Number/Product Code**
BardPort M.R.I. Implantable Port	0602610, 0602620, 0602640, 0602650, 0602660, 0602670, 0602680, 0602690, 0602830, 0602833, 0602840, 0602843, 0605400, 0605420, 0607173
BardPort M.R.I. Low-Profile Implantable Port	0603830, 0603840, 0603870, 0603880, 6603880
BardPort Titanium Dome Implantable Port	0602850, 0602860, 0602870
BardPort Titanium Implantable Port	0602230, 0602240, 0602270, 0602290, 0603000, 0602820, 0605300, 0605320, 0607301, 0607302, 0602210, 0602260, 0602280, 0602810
M.R.I. Plastic Dual Lumen Port	0603500, 0605920, 0605930, 0607100, 0607200, 0615460
M.R.I. Ultra SlimPort Implantable Port	0605640, 0655640
Peritoneal Titanium Port	0603000, 0603006
PowerFlow Implantable Apheresis IV Port	A710962
PowerPort ClearVUE isp Implantable Port	1606052, 1606062, 1606362, 1606382, 1608052, 1608062, 1608362, 1608382, 1666362, 1668362, 1676300, 5606362, 5608062, 5608362, 5666362, 5668362, CP00004

PowerPort ClearVUE Slim Implantable Port	1616000, 1616001, 1616070, 1616071, 1616300, 1616380, 1618000, 1618001, 1618070, 1618300, 1618380, 1676301, 1678300, 1678301, 5616000, 5616300, 5618000, 5618300, 5676300, 5676301, 5678300, 5678301, CP00005
PowerPort duo M.R.I. Implantable Port	1829500, 1829570, 5829500, 5829502
PowerPort Implantable Port	1708000, 1708001, 1708070, 1708071, 1709600, 1709601, 1759600, 1759601, 1778000, 1778001, 1778070, 1778071
PowerPort isp Implantable Port	1706050, 1706051, 1706060, 1706061, 1708050, 1708051, 1708060, 1708061, 1708160, 1708550, 1708551, 1708560, 1708561, 4708060, 4708061, 4708560, 4708561, CP00001, CP00002, CP00003, CP00009
PowerPort isp M.R.I. Implantable Port	1806050, 1806051, 1806060, 1806061, 1808050, 1808051, 1808060, 1808061, 1808069, 1808360, 1808550, 1808551, 1808560, 1808561, 1809660, 1809661, 1859660, 1859661, 4808060, 4808061, 4808560, 4808561, 9808560
PowerPort M.R.I. Implantable Port	1808000, 1808001, 1808002, 1808070, 1808071, 1808300, 1809600, 1809601, 1809670, 1859600, 1859601, 1878000, 1878001, 1878070, 1878071

PowerPort Slim Implantable Port	1716000, 1716001, 1716070, 1716071, 1716080, 1718000, 1718001, 1718070, 1718500, 1718501, 1718570, 1718571, CP00008
PowerPort VUE M.R.I. Implantable Port	1806052, 1806062, 1808052, 1808062
PowerPort VUE Titanium Implantable Port	1706052, 1706062, 1708052, 1708062
SlimPort Dual-Lumen Rosenblatt Implantable Port	0604970, 0624970, 0654970
Titanium Low-Profile Port	0602180, 0602190, 0605490, 0605510, 0606100, 0606150, 0606200
Titanium SlimPort Implantable Port	0605550, 0605560, 0655510
Vaccess CT Low-Profile Titanium Power-Injectable Port	7360000, 7360001, 7380000
Vaccess CT Power-Injectable Implantable Port	7460000, 7480000, 7496000
X-Port isp M.R.I. Implantable Port	0607500, 0607510, 0607520, 0607530, 0607540, 0607550, 0607555, 0657500, 0657510, 0657520, 0657525, 7707540, 7757540
X-Port Low-Profile Titanium Port	0655870, 0605840, 0605850