

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

**IN RE: ZANTAC (RANITIDINE)
PRODUCTS LIABILITY
LITIGATION**

**MDL NO. 2924
20-MD-2924**

**JUDGE ROBIN L. ROSENBERG
MAGISTRATE JUDGE BRUCE E. REINHART**

THIS DOCUMENT RELATES TO: ALL CASES

**PRETRIAL ORDER #18
Order on Production of Records for Initial
Census for Deceased and Incapacitated Claimants**

This matter comes before the Court upon the parties' request for entry of a Pretrial Order governing the ability of Plaintiffs and/or Registered Claimants to obtain medical or other records establishing proof of use and injury on behalf of decedents and/or incapacitated individuals. This Order governs only those Plaintiffs and/or Registered Claimants who allege a personal injury or wrongful death and survival claim on behalf of an incapacitated individual or decedent who ingested Zantac and/or ranitidine with a complaint pending in MDL No. 2924 or who have filed a Census Plus Form within the Claims Registry in accordance with Pretrial Order #15.

In an effort to conserve resources and efficiently and timely obtain proof of use and injury records for above-referenced incapacitated individuals and/or decedents, and for the purpose of promoting a prompt and accurate initial comprehensive census of personal injury claims, pursuant to Pretrial Order #15, this Court hereby institutes a process whereby it will designate certain individuals as Limited Purpose Representatives of the estates or persons at issue for the purpose of collecting relevant medical records and/or other records documenting purchase or use of Zantac and/or ranitidine products and/or injury.

To be appointed a Limited Purpose Representative, Plaintiffs or Registered Claimants, or their counsel, must submit a death certificate or proof of incapacitation and certified documentation evidencing their relationship to the decedent or incapacitated individual, and the form attached hereto as Exhibit A, to the appointed Special Master, Professor Jaime Lynne Dodge, via the LMI census hosting platform described in Pretrial Order #15. Upon receipt of valid documentation, Special Master Dodge will cause to be placed on the form a note that it has been reviewed and “Approved.”

IT IS HEREBY ORDERED, that once a Limited Purpose Representative’s Form is approved by Special Master Dodge, he/she is authorized to execute Medical Records Authorization Forms on behalf of incapacitated or deceased individuals.

IT IS FURTHER ORDERED that any entity in possession of medical records, and/or other records documenting purchase or use of Zantac and/or ranitidine products and/or injury for the decedent or incapacitated individual (including but not limited to physicians, healthcare providers, pharmacies, Prescription Benefit Managers, and insurance providers) that are provided with an Approved Form, an executed authorization, and a copy of this Order shall produce the required records within 15 days. All requested records or data should be produced directly to Special Master Dodge by uploading to the platform hosted by Lexitas, the parties’ medical records collection vendor under Pretrial Order #15. The production shall be labeled with the name of the individual whose records are being produced and a reference that the production is made pursuant to Pretrial Order #18, *In re: Zantac (Ranitidine) Products Liability Litigation*, MDL 2924.


This Order does not change the requirements of Federal Rule of Civil Procedure 17. Nothing in this Order will supersede any Plaintiff or Registered Claimant’s requirement to probate

an estate in the state of residence of decedent as required by applicable state and/or federal law, or to otherwise fulfill state law requirements to prosecute an action on behalf of a decedent.

This Order is issued pursuant to the Court's express authority to direct and control the coordinated discovery in this litigation pursuant to 28 U.S.C. § 1407, Fed. R. Civ. P. 16, Fed. R. Civ. P. 26(b), and the Court's inherent authority regarding discovery in this MDL.

This Order expires on the date that the Registry expires in accordance with PTO 15.

DONE and ORDERED in Chambers, West Palm Beach, Florida, this 15th day of April, 2020.


ROBIN L. ROSENBERG
UNITED STATES DISTRICT JUDGE

REPRESENTATIVE CLAIMANT OF DECEASED ZANTAC USER					
A. ZANTAC USER CLAIMANT (All Claimants complete this Section)					
Name	First	MI	Last		
SSN					
Date of Birth	___/___/___ (month) (day) (year)	Date of Death	___/___/___ (month) (day) (year)	Was death caused by Zantac use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State/Territory/Country of Domicile of Zantac User Claimant at Time of Death					
Spouse of the Zantac User	Was the Zantac User Claimant survived by a spouse at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the following information on the surviving spouse:				
	Name	First	MI	Last	
	SSN			Is the Spouse now deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. TESTATE ZANTAC USER CLAIMANT (Testate Claimants complete this Section)					
<input type="checkbox"/> The Zantac User Claimant had a valid Will at the time of death. NOTE: If the Claimant had no valid Will, complete Section C of this Form.					
<input type="checkbox"/> A copy of the Will is submitted with this Form. NOTE: Fill out the remainder of Section B of this Form. If the person named in the Will as the Personal Representative, Administrator, or Executor is not serving, then provide this information on the person serving.					
Name of Personal Representative, Administrator, or Executor		First Name	MI	Last Name	
Address		Street/P.O. Box			
		City		State	Zip
Relationship to Zantac User Claimant		<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other _____ (specify)			
Status of the Will		<input type="checkbox"/> This Will was submitted for probate proceedings. NOTE: If a Personal Representative, Administrator, or Executor has been appointed, submit a copy of such appointment document along with this Form.			
		<input type="checkbox"/> This Will has not been submitted for probate proceedings.			

C. INTESTATE ZANTAC USER CLAIMANT
(Intestate Claimants complete this Section)

The Zantac User Claimant had no valid Will at the time of death.

Personal Representative	<input type="checkbox"/> A Personal Representative has been appointed for the estate of the Zantac User Claimant. NOTE: If a Personal Representative has been appointed, submit a copy of such appointment document along with this Form.
	<input type="checkbox"/> Estate proceedings have been filed but no Personal Representative has been appointed for the estate of the Zantac User Claimant.
	<input type="checkbox"/> No Personal Representative has been appointed for the estate of the Zantac User Claimant and no estate proceedings have been filed.

Intestate Succession	Identify the state, territory or country whose laws of Intestate Succession apply to the Estate of the Zantac User Claimant:	
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If there was no surviving spouse at the time of the Zantac User Claimant's death, or if under applicable law the surviving spouse is not the first to succeed to the estate, identify the person(s) who are the next to succeed. (Attach additional sheets if necessary):

Name	First	MI	Last
SSN		Date of Birth	— / — / — (month) (day) (year)
Relationship to Zantac User Claimant	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Other _____ (specify)		

D. CERTIFICATION
(All Claimants complete this Section)

I am counsel for the Zantac User Claimant. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

The Zantac User Claimant is not represented by counsel. I am authorized to complete this form on behalf of the Zantac User Claimant and declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature		Date	— / — / — (month) (day) (year)	
Name	First	MI	Last	
Address	Street/P.O. Box			
	City		State	Zip