

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

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

MDL DOCKET NO. 2924

Civil Action No. 9:20-md-2924

JUDGE ROBIN L. ROSENBERG

THIS DOCUMENT RELATES TO ALL CASES

AMENDED PRETRIAL ORDER # 18¹

Production of Records for Initial Census for Deceased & 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 with a designated cancer 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.

¹ The Court **VACATES** Pretrial Order # 18 at docket entry 587 and substitutes this Amended Order in its place.

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 via the LMI census hosting platform described in Pretrial Order #15. Upon receipt of valid documentation, LMI will issue a receipt confirmation that confirms that (i) the party at issue has submitted his/her Census Plus form within the Claims Registry, and (ii) the party has provided the required valid documentation.

IT IS HEREBY ORDERED, that once a Limited Purpose Representative's Form is certified by the individual seeking to be a Limited Purpose Representative and their counsel (or the pro se claimant) and LMI has issued a receipt confirmation, 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, insurance providers) that are provided with an executed Limited Purpose Representative Form and attached documents (death certificate or proof of incapacitation), an LMI receipt confirmation, an executed medical authorization, and a copy of this Order shall produce the required records within 15 days.

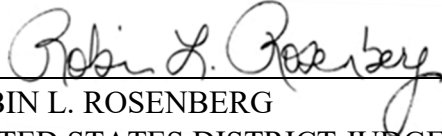
A copy of each medical authorization for medical record requests made pursuant to this Order that are not placed through Lexitas or Marker Group must be provided by Plaintiff's counsel or a pro se claimant to LMI within 14 days of the medical record request via zantacinfo@lmiweb.com.

This Order does not change the requirements of Federal Rule of Civil Procedure 17. Nothing in the within 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 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, and 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 the Court's Pretrial Orders.

DONE and ORDERED in Chambers, West Palm Beach, Florida this 23rd day of December 2021.



ROBIN L. ROSENBERG
UNITED STATES DISTRICT JUDGE

REPRESENTATIVE CLAIMANT OF DECEASED OR INCAPACITATED ZANTAC USER					
A. DECEASED ZANTAC USER CLAIMANT (All Deceased Claimants complete this Section <u>and</u> section B or C, as well as Section E)					
Name of Decedent	First		MI	Last	
SSN					
Date of Birth	___/___/___ (month) (day) (year)	Date of Death	___/___/___ (month) (day) (year)	Was death caused by Zantac use? Yes 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 and Section E)			
<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 as named in Will	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.		
Limited Purpose Representative's certified documentation of relationship and eligibility for authority to act on behalf of deceased claimant	I testify under penalty of perjury that I _____ [print name] am related to the above-named deceased claimant in Section A in the manner indicated above and am eligible to have authority under _____ [state where decedent died] law to act on behalf of the deceased claimant. _____ (Signature)		

C. INTESTATE ZANTAC USER CLAIMANT (Intestate Claimants complete this Section and Section E)			
<input type="checkbox"/> 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:		
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 pursuant to the applicable state intestacy laws. (Attach additional sheets if necessary):			
Information of Limited Purpose Representative	First	MI	Last
SSN		Date of Birth	___ / ___ / ____ (month) (day) (year)
Limited Purpose Representative's 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)		
Limited Purpose Representative's Certificated documentation of relationship and eligibility for authority to act on behalf of deceased claimant	I testify under penalty of perjury that I _____ [print name] am related to the above-named deceased claimant in Section A in the manner indicated above and am eligible to have authority under _____ [state where decedent died] law to act on behalf of the deceased claimant. _____ (Signature)		

D. INCAPACITATED ZANTAC USER CLAIMANT (All Incapacitated Claimants complete this Section and Section E)			
Information of Incapacitated Individual: First	MI	Last	
SSN			
Date of Birth	___/___/___ (month) (day) (year)	Date of Incapacitation	___/___/___ (month) (day) (year)
<input type="checkbox"/> Proof of incapacitation is submitted with this Form. (Proof of incapacitation includes a written statement of a regularly attending physician asserting the claimant is incapacitated and is not expected to become capable or otherwise be restored to capacity within the next 12 months).			
Information of Limited Purpose Representative	First	MI	Last
SSN		Date of Birth	___/___/___ (month) (day) (year)
Limited Purpose Representative's 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 Other _____ (specify)		
Certificated documentation of relationship to incapacitated claimant	<p>I testify under penalty of perjury that I _____ [print name] am related to the above-named claimant in Section D in the manner indicated above and am eligible to have authority under _____ [state where incapacitated claimant lives] law to act on behalf of the above named claimant.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature)</p>		

E. CERTIFICATION
 (All Claimants complete this Section)

I am counsel for the Zantac User Claimant. I have reviewed the attached documentation and the laws of the relevant state and that based on the answers provided by the proposed Limited Purpose Representative, he/she would be authorized under _____ law to act on behalf of the above named Claimant if the appropriate individual judicial order were sought, and that the foregoing is true and correct.

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