

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS

IN RE: TESTOSTERONE REPLACEMENT
THERAPY PRODUCTS LIABILITY LITIGATION

Michael R. Gurrieri

Plaintiff(s),

v.

Pfizer, Inc., Endo Pharmaceuticals, Inc.
and Auxilium Pharmaceuticals, Inc.,

Defendant(s).

All parties are to be included per Fed.R.Civ.P. 10(a)

MDL No. 2545

Master Docket Case No. 1:14-cv-01748

Honorable Matthew F. Kennelly

Case No.:

MASTER SHORT-FORM COMPLAINT
FOR INDIVIDUAL CLAIMS

1. Plaintiff(s), Michael R. Gurrieri

state(s) and incorporate(s) by reference the portions indicated below of Plaintiffs' Master Long Form Complaint on file with the Clerk of the Court for the United States District Court for the Northern District of Illinois in the matter entitled *In Re: Testosterone Replacement Therapy Products Liability Litigation*, MDL No. 2545. Plaintiff(s) [is/are] filing this Short Form Complaint as permitted by Case Management Order No. 20 of this Court for cases filed directly into this district.

2. In addition to the below-indicated portions of the Master Long Form Complaint adopted by the plaintiff(s) and incorporated by reference herein, Plaintiff(s) hereby allege(s) as follows:

VENUE

3. Venue for remand and trial is proper in the following federal judicial district: South Carolina District Court, Charleston Division

**IDENTIFICATION OF PLAINTIFF(S)
AND RELATED INTERESTED PARTIES**

4. Name and residence of individual injured by Testosterone Replacement Therapy product(s) ("TRT"): Michael R. Gurrieri
1054 Ann Knapp, Mount Pleasant, SC

5. Consortium Claim(s): The following individual(s) allege damages for loss of consortium: _____

6. Survival and/or Wrongful Death claims:

a. Name and residence of Decedent when he suffered TRT-related injuries and/or death:

N/A

b. Name and residence of individual(s) entitled to bring the claims on behalf of the decedent's estate (e.g., personal representative, administrator, next of kin, successor in interest, etc.)

N/A

**CASE SPECIFIC FACTS
REGARDING TRT USE AND INJURIES**

7. Plaintiff currently resides in (city, state): Mount Pleasant, SC

8. At the time of the TRT-caused injury, [Plaintiff/Decedent] resided in (city, state): Mount Pleasant, SC

9. [Plaintiff/Decedent] began using TRT as prescribed and indicated on or about the following date: February 12, 2009

10. [Plaintiff/Decedent] discontinued TRT use on or about the following date: 2016

11. [Plaintiff/Decedent] used the following TRT products, which Plaintiff contends caused his injury(ies):

- | | |
|---|---|
| <input type="checkbox"/> AndroGel | <input type="checkbox"/> Striant |
| <input checked="" type="checkbox"/> Testim | <input type="checkbox"/> Delatestryl |
| <input type="checkbox"/> Axiron | <input type="checkbox"/> Other(s) (please specify): |
| <input checked="" type="checkbox"/> Depo-Testosterone | _____ |
| <input type="checkbox"/> Androderm | _____ |
| <input type="checkbox"/> Testopel | _____ |
| <input type="checkbox"/> Fortesta | _____ |

12. [Plaintiff/Decedent] is suing the following Defendants:

- | | |
|--|--|
| <input type="checkbox"/> AbbVie Inc. | <input checked="" type="checkbox"/> Endo Pharmaceuticals, Inc. |
| <input type="checkbox"/> Abbott Laboratories | <input checked="" type="checkbox"/> Auxilium Pharmaceuticals, Inc. |
| <input type="checkbox"/> AbbVie Products LLC | <input type="checkbox"/> GlaxoSmithKline, LLC |
| <input type="checkbox"/> Unimed Pharmaceuticals, LLC | |
| <input type="checkbox"/> Besins Healthcare Inc. | <input type="checkbox"/> Actavis, Inc. |
| <input type="checkbox"/> Besins Healthcare, S.A. | <input type="checkbox"/> Actavis Pharma, Inc. |
| | <input type="checkbox"/> Actavis Laboratories UT, Inc. |
| <input type="checkbox"/> Eli Lilly and Company | <input type="checkbox"/> Anda, Inc. |
| <input type="checkbox"/> Lilly USA, LLC | |
| <input type="checkbox"/> Acrux Commercial Pty Ltd. | |
| <input type="checkbox"/> Acrux DDS Pty Ltd. | |
| <input checked="" type="checkbox"/> Pfizer, Inc. | |
| <input type="checkbox"/> Pharmacia & Upjohn Company Inc. | |

Other(s) (please specify): _____

13. [Plaintiff/Decedent] is bringing suit against the following Defendant(s), who did not manufacture TRT and only acted as a distributor for TRT manufacturers:

a. TRT product(s) distributed: _____

b. Conduct supporting claims: _____

14. TRT caused serious injuries and damages including but not limited to the following:

Plaintiff suffered a thoracic aortic dissection.

15. Approximate date of TRT injury: May 14, 1015

ALLEGATIONS, CLAIMS, AND THEORIES OF RECOVERY

ADOPTED AND INCORPORATED IN THIS LAWSUIT

16. Plaintiff(s) hereby adopt(s) and incorporate(s) by reference as if set forth fully herein, all common allegations contained in paragraphs 1 through 466 of the Master Long Form Complaint on file with the Clerk of the Court for the United States District Court for the Northern District of Illinois in the matter entitled *In Re: Testosterone Replacement Therapy Products Liability Litigation*, MDL No. 2545.

17. Plaintiff(s) hereby adopt(s) and incorporate(s) by reference as if set forth fully herein, the following damages and causes of action of the Master Long Form Complaint on file with the Clerk of the Court for the United States District Court for the Northern District of Illinois in the matter entitled *In Re: Testosterone Replacement Therapy Products Liability Litigation*, MDL No. 2545:

- Count I - Strict Liability - Design Defect
- Count II - Strict Liability - Failure to Warn
- Count III - Negligence

- Count IV - Negligent Misrepresentation
 - Count V - Breach of Implied Warranty of Merchantability
 - Count VI - Breach of Express Warranty
 - Count VII - Fraud
 - Count VIII - Redhibition
 - Count IX - Consumer Protection
 - Count X - Unjust Enrichment
 - Count XI - Wrongful Death
 - Count XII - Survival Action
 - Count XIII - Loss of Consortium
 - Count XIV - Punitive Damages
 - Prayer for Relief
 - Other State Law Causes of Action as Follows: _____
-
-

JURY DEMAND

Plaintiff(s) demand(s) a trial by jury as to all claims in this action.

Dated this the 31 day of October, 2016.

RESPECTFULLY SUBMITTED
ON BEHALF OF THE PLAINTIFF(S),

/s/ Daniel S. Haltiwanger

Signature

OF COUNSEL: (name) Daniel S. Haltiwanger
(firm) Richardson, Patrick, Westbrook and Brickman. LLC
(address) P. O. Box 1368, Barnwell, SC 29812
(phone) 803-541-7850
(email) dhaltiwanger@rpwb.com

JS 44 (Rev. 12/12)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<p>I. (a) PLAINTIFFS</p> <p>Michael R. Gurrieri</p> <p>(b) County of Residence of First Listed Plaintiff <u>Charleston, SC</u> <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i></p> <p>(c) Attorneys (Firm Name, Address, and Telephone Number) Daniel S. Haltiwanger, Esq. Richardson, Patrick, Westbrook and Brickman, LLC, P. O. Box 1368, Barnwell, SC 29812 803-541-7850 dhaltiwanger@rpwb.com</p>	<p>DEFENDANTS</p> <p>Pfizer, Inc .et al.</p> <p>County of Residence of First Listed Defendant <u>Manhattan, NY</u> <i>(IN U.S. PLAINTIFF CASES ONLY)</i></p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p>Attorneys (If Known)</p>
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<p>II. BASIS OF JURISDICTION (Place an "X" in One Box Only)</p> <p><input type="checkbox"/> 1 U.S. Government Plaintiff</p> <p><input type="checkbox"/> 2 U.S. Government Defendant</p> <p><input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input checked="" type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>	<p>III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)</p> <table style="width:100%;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">PTF</td> <td style="width:33%; text-align: center;">DEF</td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">PTF</td> <td style="width:33%; text-align: center;">DEF</td> </tr> <tr> <td>Citizen of This State</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td>Incorporated or Principal Place of Business In This State</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td style="text-align: center;"><input checked="" type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td style="text-align: center;"><input checked="" type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> </table>		PTF	DEF		PTF	DEF	Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4	Citizen of Another State	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
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Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6																				

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<p>PERSONAL INJURY</p> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input checked="" type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<p>PERSONAL INJURY</p> <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<p>LABOR</p> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<p>PROPERTY RIGHTS</p> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
	<p>CIVIL RIGHTS</p> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<p>PRISONER PETITIONS</p> <p>Habeas Corpus:</p> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty	<p>SOCIAL SECURITY</p> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	
	<input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty	<p>IMMIGRATION</p> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<p>FEDERAL TAXES</p> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	

V. ORIGIN (Place an "X" in One Box Only)

1 Original Proceeding 2 Removed from State Court 3 Remanded from Appellate Court 4 Reinstated or Reopened 5 Transferred from Another District (specify) 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C. 1332

Brief description of cause:
Personal Injury due to medical product

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ _____ CHECK YES only if demanded in complaint:
JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY (See instructions): JUDGE Matthew Kennelly DOCKET NUMBER 14-c-1748

DATE: 10/31/2016 SIGNATURE OF ATTORNEY OF RECORD: /s/ Daniel S. Haltiwanger

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____