

Pursuant to the Court's statements during the July 17, 2012 Interim Pretrial Conference, the Parties attach as Exhibit A their Revised Joint Proposed Jury Questionnaire.

By: /s/ Hassen A. Sayeed

By: /s/ Melissa Nott Davis

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CERTIFICATE OF SERVICE

I hereby certify that this document filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and that paper copies will be sent to those non-registered participants (if any) on July 18, 2012.

/s/ Hassen Sayeed _____

Hassen Sayeed

EXHIBIT A

Juror Questionnaire for [Insert Name]: _____

1. What is your age? _____
2. How long have you lived in the greater Boston area? _____
3. What is your current job title and the name of your employer? If you are retired or not currently working, what was your most recent job?

Job Title: _____ Employer: _____

4. What other major jobs have you had in your working life?

5. What is the highest level of education you have completed?

_____ Less than High School	_____ Bachelor Degree
_____ High School Diploma /GED	_____ Some Graduate
_____ Some College	_____ Graduate Degree
_____ Associate Degree/Vocational /Trade Degree	

- 5a. If you have attended college or trade school, what field did you study and what degree(s) did you earn and where?

6. Do you have any knowledge of, or education, training or work experience in any of the following?

Biology/Microbiology/Biomaterials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemistry/Biochemistry/Chemical Engineering	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pharmacology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dealing with interpreting government regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Healthcare/medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FDA Regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New product development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Osteoarthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Research & development	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For each yes, please explain:

7. Do you have children?

a. If you have adult children, what is their highest level of education? _____

b. What field(s) did they major in, if any? _____

c. Describe any special training they have received.

8. Have you, or any relatives or close friends, ever suffered from osteoarthritis? ____ Yes ____ No

a. If yes, have you or have they been treated for osteoarthritis or pain caused by osteoarthritis?
____ Yes ____ No

b. If yes, have you or have they ever been treated by an orthopedic surgeon?
____ Yes ____ No

c. If yes, have you or have they ever had recurring pain in a joint such as the knee or hip?
____ Yes ____ No

d. If yes, have you or have they ever received an injection in a joint to relieve pain?
____ Yes ____ No

e. If yes, have you or have they ever received a medical implant of some sort?
____ Yes ____ No

9. Have you, or any relatives or close friends, ever been treated with viscosupplementation or with hylan A for any condition? ____ Yes ____ No

a. If yes, is there anything about your experiences with medical treatments for osteoarthritis or with treatments using hylan A that would make it hard for you to be a fair and impartial juror in this matter?

10. Have you ever heard of the drugs Synvisc[®], Synvisc-One[®] or Gel-One[®]? ____ Yes ____ No

11. Do you have strong opinions about companies that manufacture medical products? ____ Yes ____ No

a. If yes, what are your opinions?

12. Have you or anyone you know ever received alternative, non-traditional or off-label treatment for a medical problem or condition? Yes No
13. Have you, or any relatives or close friends, ever made an invention or applied for a patent, or had any dealings with the United States Patent & Trademark Office? Yes No
14. Have you, or any relatives or close friends, worked for a company that has patented products?
 Yes No
15. Have you, or any relatives or close friends, ever accused someone of infringing a patent or been accused of infringing someone else's patent? Yes No
16. Do you have any strong opinions about patents? Yes No
- a. If yes, what are your opinions?
-
17. Do you have any strong opinions about a patent granting exclusive rights? Yes No
- a. If yes, what are your opinions?
-
18. Do you have any strong opinions about whether a company should be able to profit from its invention or discovery? Yes No
- a. If yes, what are your opinions?
-
19. Have you ever applied for a patent or been named on a patent application? Yes No
- a. If yes, for what?
-

20. Do you go out of your way to buy products made and sold by American companies?
____ Yes ____ No

21. Do you speak a language in addition to English? ____ Yes ____ No

a. If yes, what language?

22. Have you traveled outside the United States? ____ Yes ____ No

23. How do you get your news each day?

24. Please list any newspapers and magazines that you read on a regular basis:

25. Please list any Internet news sources that you read on a regular basis:

26. Do you own an e-reader or tablet that you use primarily for reading e-books?

____ Yes ____ No

27. What are your hobbies?

28. Please list any groups and/or organizations to which you belong:

29. Are you able and willing to understand scientific and legal information presented at a trial?

1
Very able
and willing

2
Somewhat
able and willing

3
Neutral

4
Not very
able and willing

5
Not at all
able and willing