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U.S. DISTRICT COURT
N.D. OF ALABAMA

Exhibit 5

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA
SOUTHERN DIVISION

IN RE: CHANTIX (VARENICLINE) PRODUCTS LIABILITY LITIGATION	Master File No.: 2:09-CV-2039-IPJ MDL No. 2092
This Fact Sheet Relates To: MDL Case No. _____	Plaintiff: _____ (full name)

DEFENDANT'S FACT SHEET

For each Plaintiff from whom it has received a substantially complete and verified Plaintiff Fact Sheet ("PFS") and substantially complete authorizations, Defendant Pfizer Inc ("Pfizer") must complete this Defendant Fact Sheet ("DFS"). Pfizer shall serve a complete and verified DFS and responsive documents on Plaintiffs' counsel of record within sixty (60) days after receipt of a substantially complete and verified PFS and substantially complete authorizations. Pfizer shall attach additional sheets of paper (or documents) if that is necessary to completely answer the following questions.

I. CASE INFORMATION

This Defendant Fact Sheet pertains to the following Plaintiff:

Case Caption: _____

Court Case No.: _____

Court in which action was originally filed: _____

Court in which action is pending now: _____

II. CONTACTS WITH PRESCRIBING HEALTH CARE PROVIDER

In Section II.F of the PFS, Plaintiff identified person(s) who prescribed CHANTIX® to Plaintiff (hereinafter "Prescribing Health Care Provider"). For each Prescribing Health Care Provider identified, please state the following:

A. Dear Doctor or Dear Healthcare Provider Letters: For each and every "Dear Doctor" or "Dear Healthcare Provider" letter that was sent to Plaintiff's Prescribing Health Care Provider regarding CHANTIX®, if any, please:

1. Identify the master letter sent, including bates numbers.

2. State the date of each master letter sent.

3. State the person to whom the letter was sent.

4. State the address to which the master letter was sent.

B. Other Contacts: For each Prescribing Health Care Provider identified, please produce complete "call" notes, if any (subject to any redactions permitted by the protective order in this litigation), from or of any CHANTIX®-related "sales" visits or contact calls made by Pfizer sales representatives or employees of Pfizer before or during the prescription period to each Prescribing Health Care Provider identified in the PFS of which you have knowledge and which are available to you.

C. Consulting with Plaintiff's Prescribing Health Care Provider(s):

1. For each Prescribing Health Care Provider(s) to whom Pfizer paid consideration on the subject of CHANTIX® as: (1) a "key opinion leader" or (2) a member of Pfizer's Speaker Program, please state:

   a. The name of the Prescribing Heath Care Provider(s).

   b. The dates the Prescribing Health Care Provider(s) was affiliated with Pfizer with respect to CHANTIX®.

   c. The amount of money paid to the Prescribing Health Care Provider(s) with respect to CHANTIX®, if available.

2. For each Prescribing Health Care Provider(s) to whom Pfizer paid consideration on any subject other than CHANTIX®, or to whom Pfizer made payments relating to CHANTIX® other than any listed in your answer to Section II.C.1 above, please state:

   a. The name of the Prescribing Heath Care Provider(s).

   b. The date(s) on which the Prescribing Health Care Provider(s) received any payment from Pfizer.

   c. The amount(s) paid to the Prescribing Health Care Provider(s), if available.

   d. The purpose of or reason for such payment, if available.

3. To your knowledge, has Plaintiff's Prescribing Health Care Provider(s) ever contacted you to request information concerning CHANTIX®, its indications, its effects and/or its risks? Yes: _____ No: _____

   If your answer is "yes," please identify the Prescribing Health Care Provider and attach any document which refers to any such communication from or to Plaintiff's Prescribing Health Care Provider.

III. PLAINTIFF COMMUNICATIONS

A. To your knowledge, have you been contacted by Plaintiff, any of his/her physicians, or anyone on behalf of Plaintiff concerning Plaintiff regarding CHANTIX®, other than in connection with the present lawsuit?

Yes: _____ No: _____

If your answer is "yes," please state:

1. The name of the person(s) who contacted you.

2. The person(s) who was contacted.

3. Please attach any document which refers to any such communication.

B. Please produce a copy of any FDA Adverse Event report or MedWatch form which refers or relates to Plaintiff, as well as any underlying documentation (*e.g.*, the adverse event source file, medical records, and non-privileged investigative reports) which refer or relate to Plaintiff.

CERTIFICATION

I declare under penalty of perjury subject to 28 U.S.C. § 1746 that all of the information provided in this Profile Form is true and correct to the best of my knowledge and that I have supplied all requested documents to the extent that such documents are in my possession, custody and control (including the custody and control of my lawyers).

_____	_____	_____
Signature	Print Name	Date