

Appendix 2. Metabolife Serious Adverse Events

From: Cela Nash
Posted At: Thursday, October 21, 1999 3:10 PM
Conversation: Redacted Onset of Seizure disorder
Posted To: Medical Group

Subject: Redacted Onset of Seizure disorder

Sensitivity: Private

Categories: Seizure

Redacted will call back

165 lb female, took 1 tab bid for about six wks starting in april. Had first seizure in late may; no hx seizure disorder. Still having seizures at this time; working with neurologist to determine cause. nd unaware of met use.

Inst to make md aware of met use; she will call us back and may have her md call when her eval is complete.

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Appendix 2. Metabolife Serious Adverse Events (continued)

From: Christal Kerrigan
Posted At: Monday, October 18, 1999 4:38 PM
Conversation: Redacted
Posted To: Medical Group
Subject: Redacted

Redacted ,40yr. old female,5'2",169lbs.reports"! had a grand mal seizure,ended up with the paramedics taking me to the hospital,had a neurology consult,all negative so the Dr. thought It was from the met and the ativan I'm on. I don't want this to happen to anyone else."I questioned her further Have you had seizures before?I had them as a child [febrile] not anymore. I was on 3 servings,3x/day. for 10 days. I took it with my meals and drank lots of water. are you on any other meds?Yes,entex la and I have aThyroid problem"I told her we didn't recomend it unless she told her dr. the active ingrediants. she said she did and her dr. approved it, the dr. was suprised too!She also drank 2 sodas" a day. I let her vent awhile and said not every thing in life Can be predicted even by a dr.She agreed and stated "this was a wake up call, I'm going to a natural healer and cleanse except for ativan. I mentioned that ativan can be addictive and she said she knew that. She was satisfied when she hung up.

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MIPER015345

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Bruce Cartier
Posted At: Thursday, October 14, 1999 8:09 AM
Conversation: cardiopulmonary arrest
Posted To: Medical Group

Subject: cardiopulmonary arrest

Sensitivity: Private

Redacted, calling for a doctor from Redacted. called to question whether there were any known effects from withdrawing Metabolife suddenly- I responded that usually we recommend that individuals taper off Metabolife when stopping as they may experience a decrease in energy- she responded and stated that she has a Metabolife customer who experienced cardiopulmonary arrest after apparently discontinuing suddenly from 6-8 caps a day to 1-2 caps or nothing qd- Denise states the customer works as a sheriff's officer and little else is known - she does have a bottle and list of ingredients at hand & is aware the 2 main ingredients are ephedrine and caffeine I requested that she call us back and speak to us if there are any changes She provide her number upon request Redacted

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Appendix 2. Metabolife Serious Adverse Events (continued)

From: Bruce Cartier
Posted At: Tuesday, September 14, 1999 1:16 PM
Conversation: *Redacted* heart attack
Posted To: Medical Group

Subject: *Redacted* heart attack

Sensitivity: Private

information provided by daughter who is attempting to get refund for 2 bottles
one purchased on April 28th and one bottle on May 17th

Redacted
customer's dgtr reports father taking unknown amt of met for approx 1 1/2 months- unknown dietary intake but states he
drinks a lot of water, drinks no caffeine- no hx of heart problems- was doing mild activity on June 5th, had chest pain and
went to hospital dx'd with heart attack-
instructed dgtr that will send a medical release form and to return this with as much information as possible and also
purchase information (date, place, amt) and we will facilitate this process

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Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Wednesday, May 19, 1999 1:23 PM
Conversation: REDACTED Myocardial Infarction
Posted To: REDACTED Medical Group

Subject: REDACTED Myocardial Infarction

Categories: Myocardial Infarction

59 yr old female, 5'7", 181 lbs, took 1 met tab tid since last summer. does not have primary physician. Has experienced no weight loss since that time. Approx 1 month after she began met, experienced some low back pain; returned to mall where salesperson inst her to drink more water. Water intake adequate, minimal additional caffeine, fair protein intake. No previous medical hx, no meds, no allergies. Experienced occ SOB during time she took met. On May 1st in the afternoon she began experiencing "fullness in the chest;" gradually became worse, extending to her arms, head, and neck. 3 hrs later her husband came home and took her to a walk-in clinic where the md there looked at the met bottle and told her, "there's lots of stuff in here that can hurt your heart." She was admitted to a hospital where she was dx with myocardial infarction. She was transferred to a hospital in Phoenix, AZ for angioplasty. She was d/c'd with med regime of zestril, isosorbide, plavix, asa. She does not know any of her attending md's names or phone #s. Inst to be very careful taking otc meds which also contain ephedrine.

REDACTED

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MIPER017002

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Tuesday, August 03, 1999 4:23 PM
Conversation: Seizure
Posted To: Medical Group

Subject: Seizure

Sensitivity: Private

Categories: Seizure

51 yr old female, 5'8", 170 lbs, took 1 tab bid for about 3 weeks, then had a seizure. Has seizure disorder; takes 5 mg clonazepam qd to control seizures. When she bought product, salesperson pointed out 1-800 health line, inst her to call if she had any medical conditions. She did not call. She also did not inform her md. Inst to be very cautious with any caffeine and/or ephedrine product; to always clear anything through her physician. She states she knows the experience was due to her actions; is not seeking any compensation.

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MIPER016461

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cat McCollum
Posted At: Wednesday, July 21, 1999 4:11 PM
Conversation: *Redacted* Stroke
Posted To: Medical Group
Subject: *Redacted* Stroke
Sensitivity: Private
Categories: Stroke

Reported by Ms. Blatchford, her cousin, a *Redacted*

29 y.o. F, in otherwise good health, weight unknown. Taking Met 8 days, 6/day. Suffered CVA. Apparently 2 of her friends also suffered CVAs while taking Met at approximately the same time. One also had an MI. Doctors cannot attribute CVA to Met, but advised her to D/C Met as well as Depo shots. All tests WNL, cannot determine cause of CVA.

Michelle *Redacted*

Her cousin will request that she call us.

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Appendix 2. Metabolife Serious Adverse Events (continued)

From: Rose San Pedro
Posted At: Monday, July 12, 1999 3:55 PM
Conversation: *Redacted* / seizure episode and headache
Posted To: Medical Group *Redacted*
Subject: *Redacted* / seizure episode and headache *Redacted*
Categories: seizure episode and headache

150 lbs. female reported that she started taking Met on Friday 7/9, was taking 2 caplets before breakfast and 1 caplet before lunch. On Sat, appar. started having severe headache and had seizure episode. Denies having any HX of epilepsy or any seizure disorder, nor any health prob. She discont. Met yesterday Sunday, claims that she still cont. to have headaches, req. to speak to M.D.
Recom. to stop Met and not to take it ever again and see physician for check up.

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Appendix 2. Metabolife Serious Adverse Events (continued)

From: Rose San Pedro
Posted At: Tuesday, July 06, 1999 10:07 AM
Conversation: *Redacted* / seizure exac.
Posted To: Medical Group
Subject: *Redacted* / seizure exac.
Categories: seizure exac.

192 lbs.on Met. was taking 1 caplet twice a day for 11 mos., she said she lost 15 lbs.,reported 4 seizure episodes for the whole month of June,claims that she's epileptic and takes dilantin 30 mg and phenobarbital daily,did'nt have any seizure episode for over a yr. until last mo, Recom.stop Met.

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Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Thursday, June 03, 1999 11:35 AM
Conversation: REDACTED Seizure
Posted To: Medical Group
Subject: REDACTED Seizure
Categories: Seizure

25 yr old female, 5'8", 145 lbs, had been taking 1-2 met tabs per day for the last 2 weeks for energy. Had a seizure, fell and injured head, went to hospital, staples and sutures placed in head. No hx epilepsy, or family hx. Has mitral valve prolapse. Nka. Taking prozac daily; had read label, noted that met not to be taken with maos, no mention of ssris. Water, caffeine, protein intake all within guidelines. she is a nutrition/fitness professional, has taken other ephedrine products without problems, but not at the same time as prozac. Has d/c'd met. Inst that met works by stimulating cns, can lower seizure threshold. Her eeg test is pending.

REDACTED

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MIPER016897

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Monday, May 24, 1999 10:46 AM
Conversation: REDACTED Seizure
Posted To: Medical Group

Subject: REDACTED Seizure
Categories: Seizure

Took met approx 1 week. Had seizure while in movie theater; several mds in the theater; all said she had had a seizure; 911 was called. No hx seizure disorder. Unable to obtain further info at this time as her sister is one who called - customer is supposed to call back.

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MIPER016970

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Wednesday, May 19, 1999 1:23 PM
Conversation: REDACTED Myocardial Infarction
Posted To: REDACTED Medical Group

Subject: REDACTED Myocardial Infarction

Categories: Myocardial Infarction

59 yr old female, 5'7", 181 lbs, took 1 met tab tid since last summer. does not have primary physician. Has experienced no weight loss since that time. Approx 1 month after she began met, experienced some low back pain; returned to mall where salesperson inst her to drink more water. Water intake adequate, minimal additional caffeine, fair protein intake. No previous medical hx, no meds, no allergies. Experienced occ SOB during time she took met. On May 1st in the afternoon she began experiencing "fullness in the chest;" gradually became worse, extending to her arms, head, and neck. 3 hrs later her husband came home and took her to a walk-in clinic where the md there looked at the met bottle and told her, "there's lots of stuff in here that can hurt your heart." She was admitted to a hospital where she was dx with myocardial infarction. She was transferred to a hospital in Phoenix, AZ for angioplasty. She was d/c'd with med regime of zestril, isosorbide, plavix, asa. She does not know any of her attending md's names or phone #s. Inst to be very careful taking otc meds which also contain ephedrine.

REDACTED

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MIPER017002

Appendix 2. Metabolife Serious Adverse Events (continued)

From: Cela Nash
Posted At: Wednesday, April 14, 1999 4:22 PM
Conversation: REDACTED calling re wife - seizures
Posted To: Medical Group
Subject: REDACTED calling re wife - seizures
Categories: Numbness, Seizure

Husband called stating wife had been hospitalized 3 times with seizures, numbness on one side. She had not thought to inform any md re met use. Explained to husband that met is a cns stimulant and may lower seizure threshold; he stated wife's brain scans show no evidence of seizure disorder when off met. Matter referred to Dr. Smith.

REDACTED

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Appendix 2. Metabolife Serious Adverse Events (continued)

From: Dan Rodriguez
Posted At: Monday, February 22, 1999 7:59 AM
Conversation: seizure
Posted To: Medical Group
Subject: seizure

REDACTED and her sister both take Met REDACTED;ports th: REDACTED ad a seizure recently. The mother will call in the details later. REDACTED doesn't eat right or at all and is not sure how she takes it. she chose to leave the reporting to the mother.

disposition: asked for further details.

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Appendix 2. Metabolife Serious Adverse Events (continued)

Address Information				
<u>Address Line 1</u>	<u>Address Line</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Redacted			
Recommendations				
<u>Current Water Intake oz</u>	<u>Caffeine Intake</u>	<u>Current Diet</u>	<u>Increase Water</u>	<u>High Protein</u>
8	0	diabetic	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <u>Other Recommendations</u>				
<input type="checkbox"/> <u>Ok to call back</u>	<input type="checkbox"/> <u>Do not call back</u>	<input type="checkbox"/> <u>Customer Understand Recommendation</u>	<input type="checkbox"/> <u>Eat w/10min to 1hr</u>	
<input type="checkbox"/> <u>Usage Guidelines Sent</u>	<input type="checkbox"/> <u>Declined Usage Guidelines</u>	<input type="checkbox"/> <u>Customer to Call Meta PR</u>	<input type="checkbox"/> <u>Ate After 1hr</u>	<input type="checkbox"/> <u>Did Not Eat</u>
Medical History				
<u>Medications</u>	<u>Medical History</u>	<u>Comments</u>		
Glucophage Glucotrol	Diabetes			
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> Pregnancy on BCP	
<input type="checkbox"/> Abnorm Lab Values	<input type="checkbox"/> Dry Mouth	<input type="checkbox"/> Irritability	<input type="checkbox"/> Pruritis	
<input type="checkbox"/> Acne	<input type="checkbox"/> Edema	<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Psychosis	
<input type="checkbox"/> Addiction	<input type="checkbox"/> Elevated Liver Functions	<input type="checkbox"/> Joint Stiffness- General	<input type="checkbox"/> Rash	
<input type="checkbox"/> Anesthesia Complication	<input type="checkbox"/> Excitation	<input type="checkbox"/> Joint Stiffness - Local	<input type="checkbox"/> Seizure	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Twitching	<input type="checkbox"/> Joint Swelling - General	<input type="checkbox"/> Sexual Dysfunction	
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Facial Swelling	<input type="checkbox"/> Joint Swelling - Local	<input type="checkbox"/> Shortness of Breath	
<input type="checkbox"/> Bloating/Gas	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Kidney Stones	<input checked="" type="checkbox"/> Stroke	
<input type="checkbox"/> Blood in Stool	<input type="checkbox"/> Fever	<input type="checkbox"/> Liver Enzyme Elevation	<input type="checkbox"/> Sweating	
<input type="checkbox"/> Blood in Urine	<input type="checkbox"/> Fluid Retention	<input type="checkbox"/> Menstrual Irregularity	<input type="checkbox"/> Tachycardia	
<input type="checkbox"/> Breast Pain	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Tingling Hands	
<input type="checkbox"/> Bristing	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Muscle Cramps -General	<input type="checkbox"/> Tinnitus	
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle Cramps - Leg	<input type="checkbox"/> Tremors	
<input type="checkbox"/> Chills	<input type="checkbox"/> Heart Burn	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Urinary Infection	
<input type="checkbox"/> Cold Hands	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Nausea	<input type="checkbox"/> Urine Retention	
<input type="checkbox"/> Constipation	<input type="checkbox"/> Hives	<input type="checkbox"/> NoseBleeds	<input type="checkbox"/> Vasodilation	
<input type="checkbox"/> Cough	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Numbness	<input type="checkbox"/> Vision Disturbance	
<input type="checkbox"/> Death	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Parestrias	<input type="checkbox"/> Yeast Infection	
<u>Other/Comments:</u>			<input type="checkbox"/> No Weight Loss/Gain	
<input type="checkbox"/> Medical Release Form Sent		<input type="checkbox"/> Customer Denies any other signs or Symptoms		

Long Comments:

53 yr. Oldfemale reports "I had a stroke from metabolife. I was on it since 1 yr. Ago last Aug.. MY DR. said it was due to the met." WT.228lbs. Weight-228 lbs 1yr. Ago,now 189lbs.Customer stated she was a Diabetic when she started met and her Dr. agreed to supervise her on it.NO hx of hypertension,both parents died of heart attacks.On Glucophage and Glucotrol,no other meds.Customer states "I was doing well for the first few mos.The Dr. was checking my Bp and it was o.k..2 mos. Ago, I started gaining weight and my blood sugar started going up.I was checking it at home and it went up to 168-180.I was just going to stop taking it when I started having tingling in my rt. Hand and one side of my mouth. I called the DR. went to E.R. My bp was 223/123. I got some medicine and they sent me home.I got worse and was taken to They did a cat scan and M.R.I.The DR. Said it showed I had A minor stroke." Reports being in hospital 5 days.Residual effects-no paralysis,Speech not affected, experienced tingling in mouth and mild weakness Rt. Hand. Customer relayed facts in a low key manner.I told her we would be in touch with her.

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Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

<i>First Name</i>		<i>AGE(years)</i>	28	<i>Current Dose</i>	2	<i>Times per day</i>	TID
<i>Last Name</i>	Redacted	<i>WT(LBS)</i>	125	<i>Suggested Dose</i>	0	<i>SD Times per day</i>	
		<i>HT(INCHES)</i>	0	<i>TIME ON METABOLIFE</i>	5	<i>UNITS</i>	DAYS

<i>USER</i>	linda	<i>D/C met use</i>	<input checked="" type="checkbox"/>	<i>Chinac formula</i>	<input type="checkbox"/>	<i>formula</i>	
<i>Date</i>	11/8/199	<i>Time</i>	4:28:14 P	<i>Refund Policy Reviewed</i>	<input checked="" type="checkbox"/>	<i>356 +Chinac</i>	<input type="checkbox"/>

Recommendations

<i>Current Water Intake oz</i>	<i>Caffeine Intake</i>	<i>Current Diet</i>	<i>Increase Water</i>	<i>High Protein</i>	<i>Other Recommendations</i>
8	0	3 meals w/ protein	<input type="checkbox"/>	<input type="checkbox"/>	D/C's product per MD/Neurologists (grand mal seizure)

Ok to call back
 Do not call back
 Customer Understand Recommendation
 Eat w/10min to 1hr
 Usage Guidelines Sent
 Declined Usage Guidelines
 Customer to Call Meta PR
 Ate After 1hr
 Did Not Eat

Medical History

<i>Medications</i>	<i>Medical History</i>	<i>Comments</i>
Inhalers	Asthma	No past hx of seizures

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> Pregnancy on BCP
<input type="checkbox"/> Abnorm Lab Values	<input type="checkbox"/> Dry Mouth	<input type="checkbox"/> Irritability	<input type="checkbox"/> Pruritis
<input type="checkbox"/> Acne	<input type="checkbox"/> Edema	<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Psychosis
<input type="checkbox"/> Addiction	<input type="checkbox"/> Elevated Liver Functions	<input type="checkbox"/> Joint Stiffness - General	<input type="checkbox"/> Rash
<input type="checkbox"/> Anesthesia Complication	<input type="checkbox"/> Excitation	<input type="checkbox"/> Joint Stiffness - Local	<input checked="" type="checkbox"/> Seizure
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Twitching	<input type="checkbox"/> Joint Swelling - General	<input type="checkbox"/> Sexual Dysfunction
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Facial Swelling	<input type="checkbox"/> Joint Swelling - Local	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Bloating/Gas	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Stroke
<input type="checkbox"/> Blood in Stool	<input type="checkbox"/> Fever	<input type="checkbox"/> Liver Enzyme Elevation	<input type="checkbox"/> Sweating
<input type="checkbox"/> Blood in Urine	<input type="checkbox"/> Fluid Retention	<input type="checkbox"/> Menstrual Irregularity	<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Breast Pain	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Tingling Hands
<input type="checkbox"/> Bruising	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Muscle Cramps -General	<input type="checkbox"/> Tinnitus
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle Cramps - Leg	<input type="checkbox"/> Tremors
<input type="checkbox"/> Chills	<input type="checkbox"/> Heart Burn	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Urinary Infection
<input type="checkbox"/> Cold Hands	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Nausea	<input type="checkbox"/> Urine Retention
<input type="checkbox"/> Constipation	<input type="checkbox"/> Hives	<input type="checkbox"/> NoseBleeds	<input type="checkbox"/> Vasodilation
<input type="checkbox"/> Cough	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Numbness	<input type="checkbox"/> Vision Disturbance
<input type="checkbox"/> Death	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Parestrias	<input type="checkbox"/> Yeast Infection

Other/Comments:

Medical Release Form Sent
 Customer Denies any other signs or Symptoms

Long Comments:

Respiratory Therapists. Took Met 5 days, 2 bid. Per MD had a grand mal seizure. Took to hospital/CT/heart monitor. No hx of seizures. D/C'd Met and is following up with MD. Wanted a refund, called Dist. Services & authorized refund.

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MIPER018335

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name _____ AGE(years) 0 Current Dose 1 Times per day 2 x wk
 Last Name **Redacted** WT(LBS) 110 Suggested Dose 0 SD Times per day
 HT(INCHES) 62 TIME ON METABOLIFE 6 UNITS MONTHS
 USER rose D/C met use Chinac formula formula
 Date 1/17/200 Time 8:29:03 A Refund Policy Reviewed 356 +Chinac

Recommendations

Current Water Intake oz 8 Caffeine Intake 0 Current Diet 2 meals Increase Water High Protein Other Recommendations See MD for follow up
 Ok to call back Do not call back Customer Understand Recommendations Eat w/10min to 1hr
 Usage Guidelines Sent Declined Usage Guidelines Customer to Call Meta PR Ate After 1hr Did Not Eat

Medical History

Medications Multiple Vitamins Sup. Medical History Denies any pre-existing medical prob. Comments Claims she's a R.N. works q nights takes Met 1 caplet 2x week for energy, had a seizure episode 1/12/00 and was tested for drugs/urine test was positive for amphetamine

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input checked="" type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps-General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestsias | <input type="checkbox"/> Yeast Infection |
- Other/Comments: requesting info. about Met,she blames Met as cause of her seizure No Weight Loss/Gain
 Medical Release Form Sent Customer Denies any other signs or Symptoms

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MIPER018962

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name		AGE(years)	40	Current Dose	1	Times per day	BID
Last Name	Reharton	WT(LBS)	150	Suggested Dose	0	SD Times per day	
		HT(INCHES)	65	TIME ON METABOLIFE	1	UNITS	DAY

USER romana D/C met use Chinac formula formula
 Date 1/31/200 Time 2:31:52 P Refund Policy Reviewed 356 +Chinac

Recommendations

<u>Current Water Intake oz</u>	<u>Caffeine Intake</u>	<u>Current Diet</u>	<u>Increase Water</u>	<u>High Protein</u>	<u>Other Recommendations</u>
0			<input type="checkbox"/>	<input type="checkbox"/>	Not recommended for her was transferred to Dan Rodriguez

Ok to call back Do not call back Customer Understand Recommendation Eat w/0min to 1hr
 Usage Guidelines Sent Declined Usage Guidelines Customer to Call Meta PR Ate After 1hr Did Not Eat

Medical History

<u>Medications</u>	<u>Medical History</u>	<u>Comments</u>
Depakote	Seizure	Had taken the M356 for 1 day 1 yr. Ago and c/o massive seizures that day.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input checked="" type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestriasias | <input type="checkbox"/> Yeast Infection |

Other/Comments: c/o seizure No Weight Loss/Gain
 Medical Release Form Sent Customer Denies any other signs or Symptoms

Long Comments:

Was admitted in the acute hospital ICU unconscious for 4 days when she started the M356 for 1 day.

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MIPER019149

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

<i>First Name</i>		<i>AGE(years)</i>	48	<i>Current Dose</i>	2	<i>Times per day</i>	TID
<i>Last Name</i>	REDACTEC	<i>WT(LBS)</i>	200	<i>Suggested Dose</i>	0	<i>SD Times per day</i>	
		<i>HT(INCHES)</i>	0	<i>TIME ON METABOLIFE</i>	2	<i>UNITS</i>	WEEKS

USER bruce *D/C met use* *Chinac formula* *formula*
Date 4/10/200 *Time* 7:17:04 P *Refund Policy Reviewed* *356+Chinac*

Address Information

<u>Address Line 1</u>	<u>Address Line</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	REDACTEC			

Recommendations

<u>Current Water Intake or</u>	<u>Caffeine Intake</u>	<u>Current Diet</u>	<u>Increase Water</u>	<u>High Protein</u>	<u>Other Recommendations</u>
6	2 cups coffee	toawt for brkfst, adequate lunch /dinner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	stop do not take again

Ok to call back *Do not call back* *Customer Understand Recommendation* *Eat w/10min to 1hr*
 Usage Guidelines Sent *Declined Usage Guidelines* *Customer to Call Meta PR* *Ate After 1hr* *Did Not Eat*

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness - General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps - General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input checked="" type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Paresthsias | <input type="checkbox"/> Yeast Infection |

Other/Comments:

Medical Release Form Sent *Customer Denies any other signs or Symptoms*

Long Comments:

wife calling to get refund, husband in hospital secondary MI

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MIPER020416

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info						
First Name		AGE(years)	0	Current Dose	0	Times per day
Last Name	REFRACTIF	WT(LBS)	130	Suggested Dose	0	SD Times per day
		HT(INCHES)	0	TIME ON METABOLIFE	2	UNITS WEEKS
USER	cela	D/C met use	<input checked="" type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula
Date	5/2/2000 Time 1:36:14 P	Refund Policy Reviewed	<input checked="" type="checkbox"/>	356 +Chinac	<input type="checkbox"/>	
Recommendations						
<u>Current Water Intake oz</u>	<u>Caffeine Intake</u>	<u>Current Diet</u>	<u>Increase Water</u>	<u>High Protein</u>	<u>Other Recommendations</u>	
0			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Ok to call back	<input checked="" type="checkbox"/> Do not call back	<input checked="" type="checkbox"/> Customer Understand Recommendation	<input type="checkbox"/> Eat w/10min to 1hr			
<input type="checkbox"/> Usage Guidelines Sent	<input type="checkbox"/> Declined Usage Guidelines	<input type="checkbox"/> Customer to Call Meta PR	<input type="checkbox"/> Ate After 1hr		<input type="checkbox"/> Did Not Eat	
Medical History						
<u>Medications</u>	<u>Medical History</u>	<u>Comments</u>				
none						
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> Pregnancy on BCP			
<input type="checkbox"/> Abnorm Lab Values	<input type="checkbox"/> Dry Mouth	<input type="checkbox"/> Irritability	<input type="checkbox"/> Pruritis			
<input type="checkbox"/> Acne	<input type="checkbox"/> Edema	<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Psychosis			
<input type="checkbox"/> Addiction	<input type="checkbox"/> Elevated Liver Functions	<input type="checkbox"/> Joint Stiffness - General	<input type="checkbox"/> Rash			
<input type="checkbox"/> Anesthesia Complication	<input type="checkbox"/> Excitation	<input type="checkbox"/> Joint Stiffness - Local	<input type="checkbox"/> Seizure			
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Twitching	<input type="checkbox"/> Joint Swelling - General	<input type="checkbox"/> Sexual Dysfunction			
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Facial Swelling	<input type="checkbox"/> Joint Swelling - Local	<input type="checkbox"/> Shortness of Breath			
<input type="checkbox"/> Bloating/Gas	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Stroke			
<input type="checkbox"/> Blood in Stool	<input type="checkbox"/> Fever	<input type="checkbox"/> Liver Enzyme Elevation	<input type="checkbox"/> Sweating			
<input type="checkbox"/> Blood in Urine	<input type="checkbox"/> Fluid Retention	<input type="checkbox"/> Menstrual Irregularity	<input type="checkbox"/> Tachycardia			
<input type="checkbox"/> Breast Pain	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Tingling Hands			
<input type="checkbox"/> Bristing	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Muscle Cramps -General	<input type="checkbox"/> Tinnitus			
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle Cramps - Leg	<input type="checkbox"/> Tremors			
<input type="checkbox"/> Chills	<input type="checkbox"/> Heart Burn	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Urinary Infection			
<input type="checkbox"/> Cold Hands	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Nausea	<input type="checkbox"/> Urine Retention			
<input type="checkbox"/> Constipation	<input type="checkbox"/> Hives	<input type="checkbox"/> NoseBleeds	<input type="checkbox"/> Vasodilation			
<input type="checkbox"/> Cough	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Numbness	<input checked="" type="checkbox"/> Vision Disturbance			
<input type="checkbox"/> Death	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Vomiting			
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Parestrias	<input type="checkbox"/> Yeast Infection			
Other/Comments:						<input type="checkbox"/> No Weight Loss/Gain
<input type="checkbox"/> Medical Release Form Sent	<input type="checkbox"/> Customer Denies any other signs or Symptoms					
Long Comments:						
experienced loss of vision on one side of face. Md told cust she was having "mini-strokes" and inst to d/c						

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MIPER020763

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

<i>First Name</i>		<i>AGE(years)</i>	18	<i>Current Dose</i>	0	<i>Times per day</i>
<i>Last Name</i>	REDACTED	<i>WT(LBS)</i>	0	<i>Suggested Dose</i>	0	<i>SD Times per day</i>
		<i>HT(INCHES)</i>	0	<i>TIME ON METABOLIFE</i>	0	<i>UNITS</i>

<i>USER</i>	cat	<i>D/C met use</i>	<input type="checkbox"/>	<i>Chinac formula</i>	<input type="checkbox"/>	<i>formula</i>
<i>Date</i>	5/4/2000	<i>Time</i>	9:46:02 A	<i>Refund Policy Reviewed</i>	<input type="checkbox"/>	<i>356 +Chinac</i>

Medical History

<u>Medications</u>	<u>Medical History</u>	<u>Comments</u>
none	none	

Long Comments:

Mother . REDACTED states REDACTED had grand mal seizure last night CT scan (-). Was taking Met, but mother has no details. Instr her to bring bottle to hospital, show it to attending doctor.

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MIPER020812

Appendix 2. Metabolife Serious Adverse Events (continued)

November 23, 1999

Dear Sirs:

My name is REDACTED and my distributor number is REDACTED. As per your request I am writing you this letter to inform you that I wish not to be affiliated with your company or product line in no way shape or form.

on November 21, 1999 I suffered a grand mal seizure and had to be transported to the hospital by ambulance. after undergoing a CAT scan, EKG, MRI, & EEG, and finding no apparent reason for me to start having seizures out of the blue, and the fact that my physician has on average treated at least 5-6 new patients per week (ALL OF WHOM ARE TAKING METABOLIFE), and all of whom are taking your products are led to believe that it is directly caused by them.

I am 29 years old and am a non-drinker and do not use any drugs prescription or otherwise. I have no prior medical history which could account for the collapse.

as requested I am writing to let you know that I would like a full refund for all the enclosed metabolife, and would like to resign as a distributor. It is against my better judgment to continue to dispense that which could cause such terrible repercussions. I feel that I have ethic and moral responsibility to step down.

I would also request that after I receive all of the rest of my test results, and let you review them that you would do the right thing and compensate me for my pain and suffering also. I hope that we can come to some civil compromise and resolve this matter without bringing in outside parties (which I am Prepared to do) in a fast and courteous manner.

After re-reading the label several times The only warnings I could find were If you were pregnant or nursing, high blood pressure, heart or thyroid disease, diabetes, or prostate problems. At no place does it mention any warning to people epilepsy or any other kind of seizure.

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MIPER020864

Appendix 2. Metabolife Serious Adverse Events (continued)

METABOLIFE INTERNATIONAL, INC.™

REPORT OF ALLEDGED EFFECT

PERSON REPORTING _____ RELATION TO CLIENT self
 CLIENT REDACTED AGE 38 WT 172 HT 5'3" PHONE REDACTED
 ADDRESS _____
 HOSPITAL _____ ADDRESS _____
 DATES OF SERVICE 9/4/99 PHYSICIAN _____
surgery 9/10/99 PHONE _____

STATEMENT OF EXPERIENCE
80% collapsed Cor. Art Main - was having chest pains -> to ER -> card cath.
-> 2 days of home stent placed. RW in Hosp. said other pts had problems
also heart. Angio plasty. She has considered putting out an ad
for other pts. - negative exp.

PAST MEDICAL HISTORY
PHX - QMEDS -

MEDICATIONS ANAPROX PAIN MOUSERS (now on numerous heart and anticoag. meds)

HERBS _____ CAFFEINE _____
 VITAMINS _____ OTC _____

PRODUCT USE HISTORY tried 2nd started in April - lost 13#
#CAPS 1-2/day TIMING 1 BID DURATION 3-4 wks. WATER INTAKE 8 glasses
 BREAKFAST ate fruit, LUNCH sandwich DINNER chicken w/appetizer

PREVIOUS RECOMMENDATIONS BY: DISTRIBUTOR _____ HEALTHLINE _____ OTHER _____

REPORT TAKEN BY [Signature] DATE 10/11/99 TIME 1500

FAX MED. RELEASE FOR DOCS. : call her back w/ wk of docs rec'd.

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MIPER020918

Appendix 2. Metabolife Serious Adverse Events (continued)

REDAI
 ATTORNEYS AT LAW
 A Professional Corporation

*To ANDRITA
 From Glenn Peck*

REDAI

REDAI

REDAI

May 13, 1998

Metabolife International, Inc.
 5070 Santa Fe Street
 San Diego, CA 92109

CERTIFIED MAIL RETURN
 RECEIPT REQUESTED

REDAI

Makes Cents
 Metabolife Independent Distributors

CERTIFIED MAIL RETURN
 RECEIPT REQUESTED

REDAI

REDAI

Dear Sir or Madam:

Please be advised that I have been hired by REDAI to represent her in regard to a claim for personal injuries arising out of her use of the Metabolife product which she purchased from the REDAI location on May 6, 1998. The drug caused REDAI to have a series of seizures. The first seizure occurred while REDAI control of her automobile and it left the roadway injuring REDAI her daughter-in-law and her grandchild. REDAI subsequently had two additional seizures. REDAI NBS received medical care and is off work and prohibited from driving. According to REDAI physicians, REDAI may have further seizures in the future.

REDAI has no history of seizures and no significant medical history. According to REDAI physicians, it was your drug that caused her to go into seizure.

Please have your attorney, claims representative or insurance company contact me in regard to this matter.

Sincerely,

REDAI

REDAI

REDAI

REDAI

*To ANDRITA,
 This is very upsetting
 TO
 He tried to get someone to return this to AT 2 weeks ago. I called yesterday. Nobody called. How can we please get to them*

CONFIDENTIAL

MIPER020979

Appendix 2. Metabolife Serious Adverse Events (continued)

7-29-98

REDAI

REDAI

Customer #

REDAI

fax and mail

Please cancel all orders of Metabolife as the man who was taking them has now suffered a heart attack and is in the hospital, so I and the doctors do not want him to take these pills.

The credit card company will also be notified

Thank you

REDAI

REDAI

REDAI

REDAI

REDAI

RECEIVED

JUL 31 1998

John

MIPER021010

CONFIDENTIAL

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

2/11/11

Date: 2/11/11
Name: _____ Age: _____ Ht.: _____ Ph#: _____
Meds: _____ C.C.: HAIR LOSS

Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

Date: 2/11/11
Name: _____ Age: _____ Wt.: _____ Ht.: _____ Ph#: _____
Meds: _____ C.C.: 3 MONTHS
" 2 MONTHS LIKE ACTIVITY"
" EXPERIENCED BLACK OUT ACTIVITY"
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

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MIPER022364

Appendix 2. Metabolife Serious Adverse Events (continued)

~~HEALTH INFORMATION CALL DOCUMENTATION~~

Date: 02/11/11
Name: _____ Age: _____ Wt: _____ Ht: _____ Ph#: _____
Meds: ~~CALLER #102E #~~ C.C.: TX ARLINGTON
JUST BIDS 98 YRS. OLD HAD A
HEART ATTACK.
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

Date: 02/11/11
Name: _____ Age: _____ Wt: _____ Ht: _____ Ph#: _____
Meds: ~~CALLER #102E #~~ C.C.: 3 DAYS, FEELS WORSE
TIBED
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022492

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 7/1/9 / /
Name: _____ Age: _____ Wt.: _____ Ht.: _____ Ph#: _____
Med: C.C.: was calling saying "a friend of
a friend had a seizure and was brought
to the hospital" - wanted to verify
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: if same - she is a Metabolife user
for. This is in Indiana

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022539

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 8/23
Name: _____ Age: _____ Wt: _____ Ht: _____ Ph: _____
Meds: _____
CC CALLING FOR CUSTOMER
CUSTOMER HAD HEART ATTACK
THINKS IT WAS MET.
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

has used
same med's
approx 12p
info.

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MIPER022584

Appendix 2. Metabolife Serious Adverse Events (continued)

Date: 1-13-99

Name: K+) anti-dilute, tri-tyl Age: 61 Wt.: 185 Ht.: 5'7 1/2" Ph# pain in chest - took NTS 8 P
 Meds: HTN, asthma, 1st 1st, insulin, cipro C.C.: Ang - 432* stroke - 4 legs gone out.
side wait nurse
thinking, speak well

Current Dose: 2 TID Suggested Dose: _____ Med. Hx: _____
 Recommendation: _____

Date: 1-13-99
 Name: _____ Age: 25 Wt.: 202 Ht.: 4'9" Ph# _____

Meds: 0 C.C.: shaky - dizziness
eat a bit -

Current Dose: _____ Suggested Dose: 2 90* Med. Hx: _____
 Recommendation: 8 1/2 12 180 3 25
1 1/2 1 1/2

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

12

Recommendation: _____

Date: 1-22 WI
Name: _____ Age: _____ Wt.: _____ Ht.: _____ Ph: _____
Meds: msb mds Therian K-clon CTZ C.C.: 8/98 head mini stroke 8/06 KL DT extd.
Ka # 122 DJR \$50 refund
10th will see neurologist
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

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MIPER022325

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 1/25
Name: _____ Age: _____ Wt.: _____ Ht.: _____ Pt: _____
Meds: 25794 c.c.: TRANSFERRED TO DAN
"LEGAL" CUSTOMER THAT HAD
1 STROKES - LAWYERS
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

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MIPER022479

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 1/17
Name: _____ Age: _____ Wt: 290 Ht: 5'11" Ph#: _____
Med: ~~HAD STROKE~~ C.C.: _____
~~PAULS XRAY~~ - BP - ~~PRENACIN~~ - "CAFFEINE"
Current Dose: _____ Suggested Dose: _____ Med. Hx: STROKE
Recommendation: _____

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MIPER022496

Appendix 2. Metabolife Serious Adverse Events (continued)

~~rx~~ ~~Flonase~~ ~~steroid~~ ~~inhaler~~ ~~sympt~~
 doesn't
 Timoptic
 glaucomy
 eye drops
 gtt

138 lbs 65 yrs
 off/on - ~~see~~ 6 months
 2 3 →
 2 in morning
 B - yogurt, fruit
 L - 1/2 sand
 D -

egg, toast
 high bran
 cereal
 toast

12mg ephedrine

3 water (coffee)

right after started
~~matter~~ drainage out of Left eye
 both eyes

occasional drainage
 eyes glued shut

never thought about connection

2 wks ago mild stroke

severe dry eyes
 eyes turning
 grey with
 red veins

ordered
 which
 requesting
 refund

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 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023002

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

2/2/00

NO. 1
NO. 2
NO. 3

Date: 2/2/00
Name: [redacted] Age: [redacted] Sex: [redacted]

Med: TRANSFERRED TO - DAN

DO: DAUGHTER HAD A SEIZURE, SAW THE SEIZURE ON 02/01/00 AND SHE

Current Date: [redacted] Suggested Date: [redacted] Med. Ex: CALLED 02/00 GAVE HER PHONE NUMBER.

cut

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MIPER023029

Appendix 2. Metabolife Serious Adverse Events (continued)

1/14

HEALTH INFORMATION CALL DOCUMENTATION

- talked c

Date: _____
Name: _____ Wt: _____ Ht: _____ Ph# _____
Meds: _____ C.C.: off met & 2 wks
status - grand mal seizure this eve - met since Sept.
NO other drug related.
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: look if Metabolife some day of seizure

✓
Meds: UA C.C.: heartburn
pepoid #6 a ok? same but try
try bread
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: don't know p taking 7 weeks milk

Date: _____
Name: _____ Age: _____ Wt: _____ Ht: _____ Ph# _____
Meds: _____ C.C.: _____
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023468

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: _____
Name: _____ Age: _____ Wt: _____ Ht: _____ Ph#: _____
Med: _____ C.C.: "Stroke heart ^(COPD) suffered"
should ~~not~~ stop taking
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

CONFIDENTIAL
REDACTED

MIPER023663

Appendix 2. Metabolife Serious Adverse Events (continued)

Joe

HEALTH INFORMATION CALL DOCUMENTATION
DATE

Name _____ Age _____ Weight _____ Phone# _____
 # of caps qd _____ Timing _____ Duration 1 1/2
 Side effect? _____ Breakfast intake _____
 Lunch _____
 Dinner _____
 Water intake _____ Caffeine/alcohol intake _____
 Medications _____ Medical history/similar symptoms _____
 # of bottles _____ Lot # _____
 Recommendations _____
wanted return (sister's husband died)

Name _____ Age _____ Weight _____ Phone# _____
 # of caps qd _____ Timing _____ Duration _____
 Side effect? _____ Breakfast intake _____
 Lunch _____
 Dinner _____
 Water intake _____ Caffeine/alcohol intake _____
 Medications _____ Medical history/similar symptoms _____
 Lot # _____ # of bottles _____
 Recommendations _____

Name _____ Age _____ Weight _____ Phone# _____
 # of caps qd _____ Timing _____ Duration _____
 Side effect? _____ Breakfast intake _____
 Lunch _____
 Dinner _____
 Water intake _____ Caffeine/alcohol intake _____
 Medications _____ Medical history/similar symptoms _____
 Lot # _____ # of bottles _____

CONFIDENTIAL
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023695

Appendix 2. Metabolife Serious Adverse Events (continued)

[Breast att 3 strokes]
stom staplos 100°
130 lbs
no pump
2oz food a day
[may enlarge]
Oct 15
start met
Nov

[7 months]
7-21-99
298

ALTE INFORMATION CALL DOCUMENTATION

Date: _____ Name: _____ Age: 50 Wt: 168 Ht: _____ Ph# _____

Med: _____

Current Dose: _____ Suggested Dose: _____

Recommendation: _____

used to take Vit

low unbelievable strip - Testimonial
same

Med. By: _____
Lowered blood pressure
70/54

valium
pinxul
triple clear
phosphate

↑ sawal function
eat hate

Sam - 2 coffee
2 mets

9mm
chicken
vitad

DR's not aware

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MIPER023877

Appendix 2. Metabolife Serious Adverse Events (continued)

1 **Friday**
May
1998
 Williams A2

7:00	3 hrs - clact
7:30	arm, hand neck
8:00	stunned
8:30	lab work - some done
9:00	took to clinic
9:30	hospital - CT
10:00	EKG
10:30	angioplasty
11:00	cardiac med
11:30	monitoring
12:00	blood work
12:30	
1:00	Zestil
1:30	isosorbide
2:00	plavix
2:30	ASA
3:00	
3:30	told MD - in hospital
4:00	and not told MD
4:30	
5:00	

CONFIDENTIAL
 REDACTED

MIPER024166

Appendix 2. Metabolife Serious Adverse Events (continued)

15 *seizure* **Friday
May
1998**

7:00	
7:30	
8:00	
8:30	
9:00	
9:30	
10:00	<i>Stevens - Gagnier</i>
10:30	
11:00	<i>Dr. G. Hester</i>
11:30	
12:00	<i>Lark</i>
12:30	
1:00	<i>Neurologist</i>
1:30	
2:00	<i>psychiatrist</i>
2:30	
3:00	
3:30	
4:00	
4:30	
5:00	

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REDACTED

MIPER024172

Appendix 2. Metabolife Serious Adverse Events (continued)

21		Monday September 1998
7:00		
7:30	<i>Discharge</i>	
8:00		
8:30		
9:00		
9:30		
10:00	<i>3 months</i>	
10:30		
11:00		<i>186</i>
11:30		
12:00		
12:30		
1:00		
1:30	<i>heart attack</i>	
2:00		
2:30		
3:00		
3:30		
4:00		
4:30		
5:00		

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REDACTED

MIPER024236

Appendix 2. Metabolife Serious Adverse Events (continued)

2 wks ago
heart racing - up all night
ecc. drops - getting 25 gttz
never took ecc or sdt before
)-
-10
had to take off work
seizure - took 1 tab
1 month
145
182
1 TIA 130

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER024344

Appendix 2. Metabolife Serious Adverse Events (continued)

3 months
 cold sweats HT attack
 1 LBD 160 66
~~not on~~ 5-6 claims 1C coffee
 solo. no caffeine
 ↓ not breakfast 1/2 gm
 diet + all health lines
 called not approved
 several wk

107
 1 month 131
 10 131
 K2 T10

2 wks - 210
 2 T10 - acapil
 1/2 ... 20 con.
 - 0 Caffeine vitamin D & E
 heartburn - no wt loss
 cystic fibrosis

1/2 1/2 1/2
 120
 11/20/11 - intake
 56 - ↓ not. well

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MIPER024383

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION
DATE /

Name _____ Age _____ Weight _____ Phone# _____
Chief complaint Heart attack?
#of caps qd _____ Timing _____ D
Meals/snacks _____
Water intake _____ Caffeine intake _____
Medications _____ Medical history/similar symptoms _____
Exercise _____ Other pertinent info _____
Recommendations _____

Wrong #

Nov 1

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MIPER024448

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 6-1-07
 Name: [redacted] Age: 56 Wt: 171 Ht: 5'2"
 Meds: gabapentin, Propulsid, Plavix cc: floating, constipation 3-4 days
water 3-4 times & coffee 3 meals
 Current Dose: 1B10 Suggested Dose: [redacted] Med: [redacted] Hydroxyzine, MD is aware
 Recommendation: decrease the amount or stop if at all. Take with food. UC, per Dr. [redacted]
 -10 A.M.

Date: 6-1-07
 Name: [redacted] Age: 70 Wt: 170 Ht: 5'4"
 Meds: gabapentin, coffee 3 meals cc: convulsion 2 days
water 3-4 times
 Current Dose: 1710 Suggested Dose: [redacted] Med: [redacted] MD not aware
 Recommendation: Refer requests submitted to Dr. Rodriguez

Date: 6-1-07
 Name: [redacted] Age: 32 Wt: 198 Ht: 5'7"
 Meds: BCP cc: AT. My Vision pain, dizziness
water 2 liters & coffee 3 meals. In before national study.
stop for 4 days started today eye pain & dizziness
 Current Dose: 2-1-1 Suggested Dose: discontinue Med: [redacted] MD is aware
 Recommendation: Inquire with DC for the purpose of the study to follow the doctor's advice until further test results determine the cause.

Date: 6-1-07
 Name: [redacted] Age: 59 Wt: 140 Ht: 4'10"
 Meds: gabapentin, coffee 2 meals cc: PT level low. was hospitalized
water 3-4 times
 Current Dose: 2-1-1 Suggested Dose: [redacted] Med: [redacted] MD not aware
 Recommendation: change period is 30 days. Refer requests submitted to Dr. [redacted]

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MIPER024482

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 8/19
Name: _____ Age: _____ Sex: _____
Med: TRANSFERRED TO DAN
CC: HER HUSBAND TOOK MET 2 MONTHS - OCT. 99 - EVER SINCE
THEN HE HAS SUFFERING FROM SEIZURES. NEN ROLD GLEST SAYS
IT MIGHT BE MET. - OK.
Current Dose: _____ Suggested Dose: _____
Place of residence: _____
MR 272

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MIPER024711

Appendix 2. Metabolife Serious Adverse Events (continued)

Date 9/28/98 **Medical Log Notes**

1873)

Name _____ **Chief Complaint**

Phone _____

Age 23

Weight 135#

Height 5'6

Medications 0

Gender Male Female

Medical History 6mos - stroke - last week - MD's said Maffuang.
lost 30-35#

Conclusion/Recommendations: _____

Current Dosage 6/d Recommended Dosage _____

1. No Weight Loss
 Underdosing
 Dehydration
 Med. Conflict
 Other _____

2. Side Effects
 Jitteriness/Nervousness
 Cramping
 Other _____
 Insomnia
 GI Disturbance

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MIPER024825

Appendix 2. Metabolife Serious Adverse Events (continued)

Glenda Aspholm

From:
Sent: Monday, April 27, 1998 6:39 PM
To: info@metabolife.com
Subject: Medical Complication
Importance: High

At 4:30 am on 4/27/98 my wife had a grand mal seizure. After admission to the emergency room of a near by hospital and several test the doctors came to the conclusion that your product was the only likely factor since she had no history of seizures or head injuries. I cannot stress enough the fear I experienced from her sudden convulsions that awakened me in the early morning hours, for I was sure she was experiencing a fatal stroke or cerebral hemorrhage. Another alarming revelation at the hospital was that Metabolife showed up as an amphetamine in her urinalysis. Please help us by providing any detailed testing on your product and any know side effects that have been reported, especially any similar to our experience. I'm am well aware of the legality of your product so please don't hide behind this, help us, her experience could occur again.

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MIPER024839

Appendix 2. Metabolife Serious Adverse Events (continued)

6-23-98

I Took your products
for six weeks &
handed up having a
Heart attack, Doctor
took the label off
to check it out &
said it speeds up
your heart & don't
take it again, can
I get a Refund

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REDACTED

MIPER024859

Appendix 2. Metabolife Serious Adverse Events (continued)

1:13 P.M.

= 4 TH BOTTLE -
PILS ARE BLACK,
CREATES NAUSEA
FOR HER. 3 BOTTLES
WERE OKAY.

7/27
1600

1:20 P.M.

= COUMADIN
DAILY,
= STROKE - APRIL

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MIPER024945

Appendix 2. Metabolife Serious Adverse Events (continued)

~~seizures~~

↓ energy ↓ wt loss

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MIPER024947

Appendix 2. Metabolife Serious Adverse Events (continued)

Wants refund FAX

Talked w/ Dan Rodriguez
bumps than took again

Thursday

Scruboma anulare
reddened
Dermatologist / GP

dist. ³⁷⁴⁵
am
diarrhea
vomiting

deats bed?

distributor ~~0539~~ am dose

couldn't determine

dist. cast
stroke

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MIPER025011

Appendix 2. Metabolife Serious Adverse Events (continued)

..
..
..
..
..
..
.. on + 2 1/2 wks
..
.. hypoglycemic
..
.. energy
..
..
.. client had a stroke -
..

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER025147

Appendix 2. Metabolife Serious Adverse Events (continued)

3/20/98

✓
?domet. seigne - pct - at dep.
seigne - d'indes - present

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER025371

Appendix 2. Metabolife Serious Adverse Events (continued)

9/15/12

1:52 P.M. # 8014
= 25 YRS. FEB. HAD STROKE
ALSO A STUDENT. 175 LBS. 5'9

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MIPER025482

Appendix 2. Metabolife Serious Adverse Events (continued)

[Redacted]



12:34 P.M.
> MET, HAND STROKE

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MIPER025495

Appendix 2. Metabolife Serious Adverse Events (continued)

**O'CONNOR
ACCIANI & LEVY**

O'Connor, Acciani & Levy
Attorneys at Law

Suite 1100
American Building
30 East Central Parkway
Cincinnati, Ohio 45202

Telephone: 513-241-7111
Fax: 513-241-7197

November 30, 1999

Henry D. Acciani
Michael P. O'Connor
Barry D. Levy
Eric P. Allen*
Jayma C. Bagliore*
Dennis C. Mahoney*
Carrie L. Budinger
Marissa L. Godby
Jim L. Hardin
Michael A. O'Hara*
Elizabeth M. Zucker
Scott A. Greiner
Jon J. Lieberman*
Lynn A. Lape
Cliff G. Linn**
Tammy D. Gifford

*also admitted to Kentucky
**also admitted in W. Virginia
***also admitted in N. Carolina

Metabolife International, Inc.
5070 Santa Fe St.
San Diego, CA 92109
Attn.: Risk Management

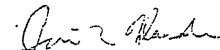
RE: Our Client:
Date of Loss: 9-2-99

Dear Sir/Madam:

Please be advised that the undersigned has been retained to represent the interest of
was injured on 9-2-99 when she suffered a rare stroke which is attributed to
the ingredients in your product of which she was not warned..

Please have either your authorized legal representative or insurance carrier contact me at their
earliest convenience to discuss this situation.

Sincerely yours,
O'CONNOR, ACCIANI & LEVY


Jim L. Hardin

JLH/jj
cc:

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MIPER025521

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Date: 1/17
 Name: _____ Age: _____ Sex: _____ Race: _____

RECORDED
 2 DAYS
 AGO.

Meds: _____ C.C.: WHILE TAKING THE PRODUCT SHE HAD SEIZURE
 Left message on answering machine to call back
 Current Dose: _____ Suggested Dose: _____ Med. Exp: _____
 Recommendation: client called back 1-3 & spoke to Joanne

Date: 1/13
 Name: _____ Age: 6'2" 290 Sex: _____ Race: _____

Spoke to mother C.C.: 7 MONTHS ON MET. WENT TO DOCTOR. DIAGNOSED AS HAVING HIGH BLOOD PRESSURE. CAN HE
 she explained MD wants her son to stop all caffeine, coffee, meat, etc. STILL TAKE THIS.
 Current Dose: _____ Suggested Dose: _____ Med. Exp: _____
 Recommendation: Follow MD orders

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Appendix 2. Metabolife Serious Adverse Events (continued)

Metabolife International, Inc.

From: John Macaulay
Sent: Monday, July 06, 1998 3:39 PM
To: 'toxinfo@aol.com'
Subject: FW: Possible side effect/seizure

Mike:

Per our conversation, Mike Ellis agrees that we need to assemble the same type of response as we developed in the _____ seizure case. I will call you tomorrow @ 9 am in your hotel: (_____).

John

-----Original Message-----

From: John Macaulay
Sent: Monday, July 06, 1998 10:34 AM
To: Bob Bradley; Michael Blevins; Mike Ellis; Larry Miller
Cc: Dan Rodriguez
Subject: FW: Possible side effect/seizure

Gentlemen:

I have conferred with Dr. _____, an ER physician with the University of _____ Hospital, who is treating a patient who suffered a seizure. Dan Rodriguez in our department originally fielded this call. Apparently the woman was taking Metabolife 356 and this physician is convinced that the ephedrine's amphetamine-like effect caused this woman's seizure. Also he has some confusion concerning tableting agent Methocel misinterpreting it as Methamphetamine. She definitely suffered a seizure based upon the EEG tracings showing severe generalized slowing. It is my feeling that she had a preexisting condition that predisposed her to this seizure. The ER physician does not share my views on this in spite of the patient having no previous EEG tracing record history to prove this point. Perhaps it would be prudent to enlist the help of Mike Scott/Dr. Dash to interface with the physician to prevent this from digressing.

*Best
Herbal Library
"Cincinnati Poison Control Center"*

*John
Dilantin
3x potential ferrotoxic effect
pharmacokinetics
pharmacology
toxicology*

*Wayne Snodgrass
Wallace Winters } top minds*

*Adverse Effect Report
↓
pull literature seizures
statistical evidence
in population with general*

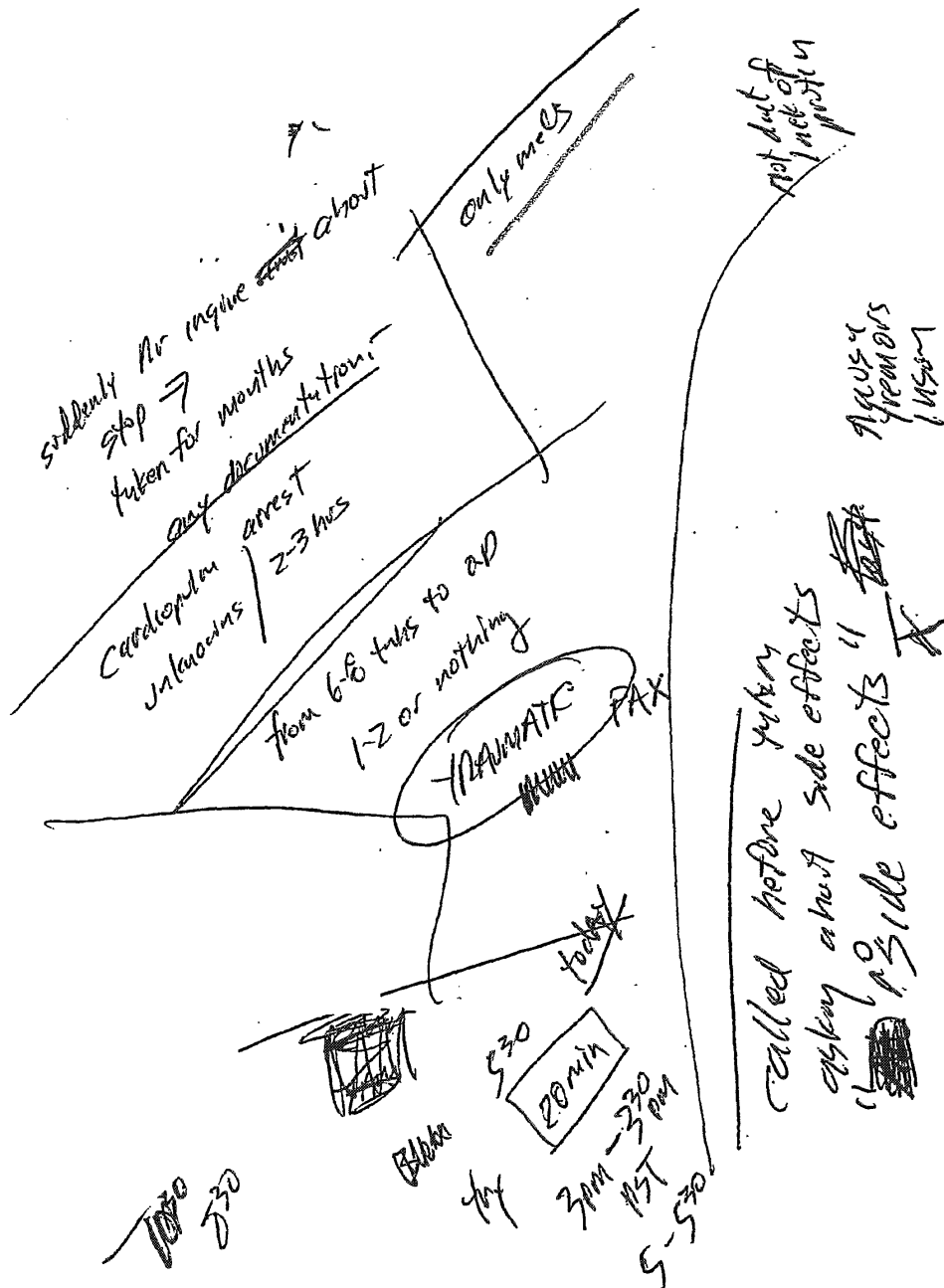
*Simon #15
Dr. Otto
Stanford researcher
Utah Eckels Library Health & Medical Science
wife director Tom Stoddard*

5070 SANTA FE STREET • SAN DIEGO, CA 92109 • TEL (619) 490-5222 • FAX (619)

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MIPER27523

Appendix 2. Metabolife Serious Adverse Events (continued)



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MIPER27600

Appendix 2. Metabolife Serious Adverse Events (continued)

5/21

HEALTH INFORMATION CALL DOCUMENTATION

DATE

Name _____ Age _____ Weight _____ Phone# Brain bleedly?
Chief complaint Dist
#of caps qd _____ Timing _____ Duration _____
Meals/snacks _____
Water intake _____ Caffeine intake _____
Medications _____ Medical history/similar symptoms _____
Exercise _____ Other pertinent info _____
Recommendations CAH msc

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MIPER27754

Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION

Non-Responsive Redaction

Non-Responsive Redaction

ction

Non-Responsive Redaction

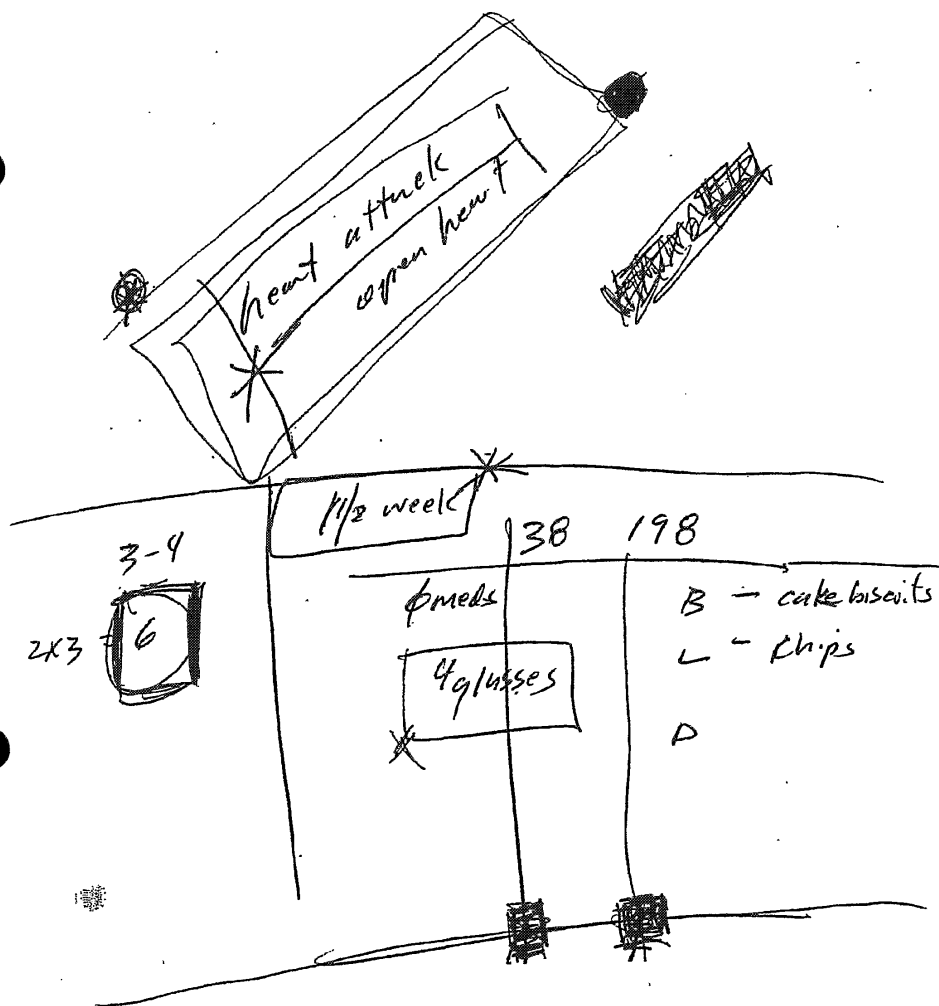
Date: 11/97
Name: Non-Responsive Redaction Age: _____ Wt.: _____ Ht.: _____ Ph#: _____
Med: COMBINATION c.c.: WIFE HAD STROKE
Current Dose: _____ Suggested Dose: _____ Med. Hx: _____
Recommendation: _____

Non-Responsive Redaction

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Appendix 2. Metabolife Serious Adverse Events (continued)



Non-Responsive Redaction

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MIPER27941

Appendix 2. Metabolife Serious Adverse Events (continued)

8/23/99 - T.C. 1700 N/A
8/24/99 voice mail from dist's.
0930 customer came in for 4 more bottles & mentioned that his wife had
"heart attack" for which MD says Met responsible.
Customer is
dist. reports they are repeat customer and were given 12 pages of
info repeating how to safely take Met.
0935 8/24 - msg on Mach

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NON-RESPONSIVE REDACTION

MIPER028168

Appendix 2. Metabolife Serious Adverse Events (continued)

This is an e-mail I just received today via an internet server for renal dietitians. Thought you would be interested in it as well...

Subj: Metabolife
Date: 8/10/99 11:35:05 PM Eastern Daylight Time
From:
Sender:
Reply-to:
To:

Yesterday one of our ESRD on HD pts was admitted to the ICU with n/o seizures. It was discovered that he was taking Metabolife. Per the label it contains: Magnesium, Zinc, Chromium, Guarana Concentrate (seed), Ma Huang Concentrate, Bee Pollen, Ginseng (root), Ginger (root), Lecithin, Bovine Complex, Damiana (leaf), Salsaparilla (root), Golden Seal (erial part), Nettles (leaf), Gotu Kola (erial part), Spirulina Algae, and Royal Jelly. Is anyone familiar with these herbs? Would any of them cause seizures?
TIA

Headers

Return-Path:
Received: from
Received: from
Tue, 10 Aug 1999 23:34:51 -0400
Received:
for
Received:
by
for
From:
Received:
by
for
Message-ID: <69183aa1.24e246e1@aol.com>
Date: Tue, 10 Aug 1999 23:23:13 EDT
Subject: Metabolife
To:
MIME-Version: 1.0
Content-Type: text/plain; charset="us-ascii"
Content-Transfer-Encoding: 7bit
X-Mailer: AOL 2.7 for Mac sub 3
Content-Transfer-Encoding: 7bit
Sender:
Precedence: bulk
Reply-To:
Content-Transfer-Encoding: 7bit

Wednesday, August 11, 1999 America Online: Guest Page: 1

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NON-RESPONSIVE REDACTION

MIPER028183

Appendix 2. Metabolife Serious Adverse Events (continued)

Dunille For your Follow up
THANKS

call id 315

long comments: „53 yr. Old female reports“ had a stroke from metabolife. was on it since 1 yr. Ago last Aug. MY DR. said it was due to the met. Wt. 228 lbs. Weight-228 lbs 1yr. Ago, now 169lbs. Customer stated she was a Diabetic when she started met

long comments: and her Dr. agreed to supervise her on it. NO hx of hypertension, both parents died of heart attacks. On Glucophage and Glucotrol, no other meds. Costomer states "I was doing well for the first few mos. The Dr. was checking my Bp and it was o.k.. 2 mos. Ag

long comments: o , started gaining weight and my blood sugar started going up. I was checking it at home and it went up to 168-180. I was just going to stop taking it when I started having tingling in my rt. Hand and one side of my mouth. I called the DR. went to

long comments: E.R. My bp was 223/123. I got some medicine and they sent me home. I got worse and was taken to the university hospital. They did a cat scan and MRI. The DR. Said it showed I had "A minor stroke." Reports being in hospital 5 days. Residual effects-no

long comments: paralysis. Speech not affected, experienced tingling in mouth and mild weakness Rt. Hand. Customer relayed facts in a low key manner. I told her we would be in touch with her.

20-100/66-70

MRF
Sent 4/10/09

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NON-RESPONSIVE REDACTION

MIPER028281

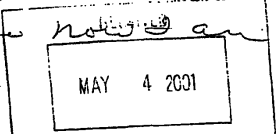
Appendix 2. Metabolife Serious Adverse Events (continued)

Health

May 1, 2001

Dear Sirs:

This is the second letter I have written, I have since called and was told the supervisor was out so call back. I called back but Dan never picked up on his line. I ~~now~~ am ~~calling~~ writing again.



In August 1999, my husband and I were walking the mall for exercise. We passed a booth that sold only Metabolife. My husband + I purchased it. My husband took it maybe 5 days then he just quit. I continued to take it. In Oct of 1999 I had a stroke. It was Oct, 18, 1999. At the time I was 57 years old. I did not have high blood pressure & my level was fine. Then suddenly I had a stroke. The first of Nov. I tried to go back to work but I had a hard time. So in Jan 2000 I quit work & took time off to recover. I had a hard time + I took off for one year. When I wrote to you

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MIPER028321

NON-RESPONSIVE REDACTION

Appendix 2. Metabolife Serious Adverse Events (continued)

June 15, 2001

To:

Metabolife: This letter is to inform you that on 2-19-01 me and my daughter took a trip to Sparks, Ark. to visit my sister. My daughter is somewhat over weight so we bought (Met.) because of it supposedly to be all natural + my daughter is 20 years old but because of all the things you hear about diet pills, I would never allow her to take anything + and I myself put her on Metabolife, 4 pills a day, not even the full dose! She nearly died after going into several seizures and completely stopped breathing! We thought she would die before a ambulance team arrived. They immediately loaded her and took her onto Christus St. Michaels Hospital in Sparks, Ark. It was determined that the Metabolife drug was definitely the cause. As her doctor reported to me if she had been using the full dose she may not have survived. I am still very upset over this matter, this is the second letter I'll

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MIPER028329

NON-RESPONSIVE REDACTION

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name AGE(years) 17 Current Dose 0 Times per day
 Last Name WT(LBS) 0 Suggested Dose 0 SD Times per day
 HT(INCHES) 0 TIME ON METABOLIFE 0 UNITS
 USER dan D/C met use Chlnac formula formula
 Date 1/12/20 Time 1:40:06 P Refund Policy Reviewed 356+Chlnac

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input checked="" type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input checked="" type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bristling | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Paresthsias | <input type="checkbox"/> Yeast Infection |
| Other/Comments: | | | <input type="checkbox"/> No Weight Loss/Gain |
| <input type="checkbox"/> Medical Release Form Sent | <input type="checkbox"/> Customer Denies any other signs or Symptoms | | |

Long Comments:
 mother reported dtr was in hosp for dehyd. C/o grocer was selling 356 to minors. Letter sent to grocer. Phoned [redacted] of letter.

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 NON-RESPONSIVE REDACTION

MIPER028442

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name	Redacted	AGE(years)	43	Current Dose	1	Times per day	qd
Last Name	Redacted	WT(LBS)	0	Suggested Dose	0	SD Times per day	
		HT(INCHES)	0	TIME ON METABOLIFE	1	UNITS	day

USER romana D/C met use Chinac formula formula
 Date 1/18/20 Time 10:21:36 Refund Policy Reviewed 356 +Chinac

Recommendations

Current Water Intake oz	Caffeine Intake	Current Diet	Increase Water	High Protein	Other Recommendations
2	0		<input type="checkbox"/>	<input type="checkbox"/>	

Ok to call back Do not call back Customer Understand Recommendation Eat w/10min to 1hr
 Usage Guidelines Sent Declined Usage Guidelines Customer to Call Meta PR Ate After 1hr Did Not Eat

Medical History

Medications	Medical History	Comments
none	denies any health problem	Customer claimed she had a heart attack 2 hours after taking M356. Was experiencing shortness of breath and passed out.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Abdominal Pain | <input checked="" type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input checked="" type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestsias | <input type="checkbox"/> Yeast Infection |

Other/Comments:

- Medical Release Form Sent Customer Denies any other signs or Symptoms

CONFIDENTIAL

NON-RESPONSIVE REDACTION

MIPER028488

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name [Redacted] **AGE(years)** 33 **Current Dose** 0 **Times per day**
Last Name [Redacted] **WT(LBS)** 140 **Suggested Dose** 0 **SD Times per day**
HT(INCHES) 67 **TIME ON METABOLIFE** 2 **UNITS** MONTHS

USER dan **D/C met use** **Chinac formula** **formula**
Date 2/26/20 **Time** 12:02:18 **Refund Policy Reviewed** **356 +Chinac**

Address Information

Address Line 1 [Redacted] **Address Line** [Redacted] **City** [Redacted] **State** [Redacted] **Zip** [Redacted]

Recommendations

Current Water Intake oz 8 **Caffeine Intake** **Current Diet** three meals **Increase Water** **High Protein** **Other Recommendations** submit request in writing to corp.
 Ok to call back **Do not call back** **Customer Understand Recommendations** **Eat w/10min to 1hr**
 Usage Guidelines Sent **Declined Usage Guidelines** **Customer to Call Meta PR** **Ate After 1hr** **Did Not Eat**

Medical History

Medications	Medical History	Comments	
	"healthy"		
<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abnorm Lab Values <input type="checkbox"/> Acne <input type="checkbox"/> Addiction <input type="checkbox"/> Anesthesia Complication <input type="checkbox"/> Anxiety <input type="checkbox"/> Back Pain <input type="checkbox"/> Bloating/Gas <input type="checkbox"/> Blood in Stool <input type="checkbox"/> Blood in Urine <input type="checkbox"/> Breast Pain <input type="checkbox"/> Bristing <input type="checkbox"/> Chest Pain <input type="checkbox"/> Chills <input type="checkbox"/> Cold Hands <input type="checkbox"/> Constipation <input type="checkbox"/> Cough <input type="checkbox"/> Death <input type="checkbox"/> Diarrhea	<input type="checkbox"/> Dizziness <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Edema <input type="checkbox"/> Elevated Liver Functions <input type="checkbox"/> Excitation <input type="checkbox"/> Eye Twitching <input type="checkbox"/> Facial Swelling <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Fluid Retention <input type="checkbox"/> Glaucoma <input type="checkbox"/> Hair Loss <input type="checkbox"/> Headache <input type="checkbox"/> Heart Burn <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hives <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Insomnia	<input type="checkbox"/> Irregular Heartbeat <input type="checkbox"/> Irritability <input type="checkbox"/> Joint Pain <input type="checkbox"/> Joint Stiffness - General <input type="checkbox"/> Joint Stiffness - Local <input type="checkbox"/> Joint Swelling - General <input type="checkbox"/> Joint Swelling - Local <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Liver Enzyme Elevation <input type="checkbox"/> Menstrual Irregularity <input type="checkbox"/> Mood Swings <input type="checkbox"/> Muscle Cramps -General <input type="checkbox"/> Muscle Cramps - Leg <input checked="" type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Nausea <input type="checkbox"/> NoseBleeds <input type="checkbox"/> Numbness <input type="checkbox"/> Palpitations <input type="checkbox"/> Parestrias	<input type="checkbox"/> Pregnancy on BCP <input type="checkbox"/> Pruritis <input type="checkbox"/> Psychosis <input type="checkbox"/> Rash <input type="checkbox"/> Seizure <input type="checkbox"/> Sexual Dysfunction <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Stroke <input type="checkbox"/> Sweating <input type="checkbox"/> Tachycardia <input type="checkbox"/> Tingling Hands <input type="checkbox"/> Tinnitus <input type="checkbox"/> Tremors <input type="checkbox"/> Urinary Infection <input type="checkbox"/> Urine Retention <input type="checkbox"/> Vasodilation <input type="checkbox"/> Vision Disturbance <input type="checkbox"/> Vomiting <input type="checkbox"/> Yeast Infection <input type="checkbox"/> No Weight Loss/Gain
Other/Comments: <input type="checkbox"/> Medical Release Form Sent <input type="checkbox"/> Customer Denies any other signs or Symptoms			

Long Comments:

Took 2-4 caps per day for 1.5 months. "thought it was safe and didn't read label, or didn't think it would cause problems" "speeded heart and caused MI according to her MD due to the ephedra" Now her activity level is drastically reduced and she is not able to be as active or take caffeine.

CONFIDENTIAL

NON-RESPONSIVE REDACTION

MIPER028835

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name	Redacted	AGE(years)	41	Current Dose	0.5	Times per day	BID
Last Name	Redacted	WT(LBS)	140	Suggested Dose	0	SD Times per day	
		HT(INCHES)	64	TIME ON METABOLIFE	0	UNITS	

USER janine D/C met use Chinac formula formula
 Date 5/1/200 Time 9:50:18 A Refund Policy Reviewed 356 +Chinac

Recommendations

Current Water Intake oz	Caffeine Intake	Current Diet	Increase Water <input type="checkbox"/>	High Protein <input type="checkbox"/>	Other Recommendations
0					d/c M356 completely, see MD for f/u. May report incident to the FDA.

Ok to call back Do not call back Customer Understand Recommendations Eat w/10min to 1hr
 Usage Guidelines Sent Declined Usage Guidelines Customer to Call Meta PR Ate After 1hr Did Not Eat

Medical History

Medications	Medical History	Comments
	Some Carotid blockage	

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> Pregnancy on BCP
<input type="checkbox"/> Abnorm Lab Values	<input type="checkbox"/> Dry Mouth	<input type="checkbox"/> Irritability	<input type="checkbox"/> Pruritis
<input type="checkbox"/> Acne	<input type="checkbox"/> Edema	<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Psychosis
<input type="checkbox"/> Addiction	<input type="checkbox"/> Elevated Liver Functions	<input type="checkbox"/> Joint Stiffness- General	<input type="checkbox"/> Rash
<input type="checkbox"/> Anesthesia Complication	<input type="checkbox"/> Excitation	<input type="checkbox"/> Joint Stiffness - Local	<input type="checkbox"/> Seizure
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Twitching	<input type="checkbox"/> Joint Swelling - General	<input type="checkbox"/> Sexual Dysfunction
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Facial Swelling	<input type="checkbox"/> Joint Swelling - Local	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Bloating/Gas	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Kidney Stones	<input checked="" type="checkbox"/> Stroke
<input type="checkbox"/> Blood in Stool	<input type="checkbox"/> Fever	<input type="checkbox"/> Liver Enzyme Elevation	<input type="checkbox"/> Sweating
<input type="checkbox"/> Blood in Urine	<input type="checkbox"/> Fluid Retention	<input type="checkbox"/> Menstrual Irregularity	<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Breast Pain	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Tingling Hands
<input type="checkbox"/> Bruising	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Muscle Cramps -General	<input type="checkbox"/> Tinnitus
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle Cramps - Leg	<input type="checkbox"/> Tremors
<input type="checkbox"/> Chills	<input type="checkbox"/> Heart Burn	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Urinary Infection
<input type="checkbox"/> Cold Hands	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Nausea	<input type="checkbox"/> Urine Retention
<input type="checkbox"/> Constipation	<input type="checkbox"/> Hives	<input type="checkbox"/> NoseBleeds	<input type="checkbox"/> Vasodilation
<input type="checkbox"/> Cough	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Numbness	<input type="checkbox"/> Vision Disturbance
<input type="checkbox"/> Death	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Parestsias	<input type="checkbox"/> Yeast Infection

Other/Comments: Medical Release Form Sent Customer Denies any other signs or Symptoms No Weight Loss/Gain

Long Comments:

Customer said she had a stroke due to the Metabolife. She worked out regularly and was perfectly healthy before. She did have 80% occlusion to her carotids but that was her only medical history. Now she has weakness on one side of her body. She wants better labeling practices.

CONFIDENTIAL

MIPER029424

NON-RESPONSIVE REDACTION

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name AGE(years) 58 Current Dose 0 Times per day
 Last Name WT(LBS) 0 Suggested Dose 0 SD Times per day
 HT(INCHES) 0 TIME ON METABOLIFE 0 UNITS

USER dan D/C met use Chinac formula formula
 Date 5/4/200 Time 1:57:58 P Refund Policy Reviewed 356 +Chinac

Address Information

Address Line 1 Address Line City State Zip

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input checked="" type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bristing | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestsias | <input type="checkbox"/> Yeast Infection |

Other/Comments:

- Medical Release Form Sent Customer Denies any other signs or Symptoms No Weight Loss/Gain

Long Comments:

wrote letter 5/1/01 alledging stroke on 10/18/99 and 2nd letter. No data record of 1st letter found. Requesting compensation.

CONFIDENTIAL

NON-RESPONSIVE REDACTION

MIPER029469

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name AGE(years) 0 Current Dose 0 Times per day
 Last Name WT(LBS) 0 Suggested Dose 0 SD Times per day
 HT(INCHES) 0 TIME ON METABOLIFE 0 UNITS

USER cela D/C met use Chinac formula formula
 Date 8/6/200 Time 12:04:32 Refund Policy Reviewed 356 +Chinac

Recommendations

Current Water Intake oz Caffeine Intake Current Diet Increase Water High Protein Other Recommendations use caution with any ephedrine or stimulant product

Ok to call back Do not call back Customer Understand Recommendations Eat w/10min to 1hr
 Usage Guidelines Sent Declined Usage Guidelines Customer to Call Meta PR Ate After 1hr Did Not Eat

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness- Local | <input checked="" type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Disfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input checked="" type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps - General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestsias | <input type="checkbox"/> Yeast Infection |

Other/Comments:

Medical Release Form Sent Customer Denies any other signs or Symptoms No Weight Loss/Gain

Long Comments:

in feb 2001 had taken 2 tabs bid for 5 days - states she had a seizure. Told in er that her heart rate and b/p were also increased. States she shattered shoulder during seizure. States she had not had a seizure before, but did have a head injury s several years ago.

CONFIDENTIAL

MIPER029882

NON-RESPONSIVE REDACTION

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name	Redacted	AGE(years)	59	Current Dose	1	Times per day	BID
Last Name	Redacted	WT(LBS)	218	Suggested Dose	0	SD Times per day	
		HT(INCHES)	62	TIME ON METABOLIFE	3	UNITS	MONTHS

USER romana D/C met use Chinac formula formula
 Date 11/8/20 Time 3:26:03 P Refund Policy Reviewed 356 +Chinac

Testimonial Information

Original weight	Weight loss	Time to lose weight	Comments
230	12	3 months	she loves the M356 would like to cont, MD advised to d/c

Recommendations

Current Water Intake oz	Caffeine Intake	Current Diet	Increase Water	High Protein	Other Recommendations
8	0	3 meals	<input type="checkbox"/>	<input type="checkbox"/>	customer requests refund , doesn't like effect

Ok to call back Do not call back Customer Understand Recommendation Eat w/10min to 1hr
 Usage Guidelines Sent Declined Usage Guidelines Customer to Call Meta PR Ate After 1hr Did Not Eat

Medical History

Medications	Medical History	Comments
none	denies any health problem	Customer claimed she had stroke, went to the hospital, doctor advised her to d/c the product. Requesting for refund.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness - Local | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input checked="" type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urino Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestsias | <input type="checkbox"/> Yeast Infection |

Other/Comments:

Medical Release Form Sent Customer Denies any other signs or Symptoms

CONFIDENTIAL

MIPER030391

NON-RESPONSIVE REDACTION

Appendix 2. Metabolife Serious Adverse Events (continued)

Nurses Database - Caller Info

First Name	Redacted	AGE(years)	48	Current Dose	0	Times per day
Last Name	Redacted	WT(LBS)	0	Suggested Dose	0	SD Times per day
		HT(INCHES)	0	TIME ON METABOLIFE	0	UNITS

USER janine D/C met use Chinac formula formula
 Date 11/13/2 Time 4:29:03 P Refund Policy Reviewed 356 +Chinac

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Pregnancy on BCP |
| <input type="checkbox"/> Abnorm Lab Values | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Irritability | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation | <input type="checkbox"/> Joint Stiffness- Local | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eye Twitching | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Facial Swelling | <input type="checkbox"/> Joint Swelling - Local | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | <input checked="" type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Fever | <input type="checkbox"/> Liver Enzyme Elevation | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Menstrual Irregularity | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Tingling Hands |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Muscle Cramps -General | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Cramps - Leg | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Urinary Infection |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Nausea | <input type="checkbox"/> Urine Retention |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hives | <input type="checkbox"/> NoseBleeds | <input type="checkbox"/> Vasodilation |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Numbness | <input type="checkbox"/> Vision Disturbance |
| <input type="checkbox"/> Death | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Parestsias | <input type="checkbox"/> Yeast Infection |
| | | | <input type="checkbox"/> No Weight Loss/Gain |

Other/Comments:

- Medical Release Form Sent Customer Denies any other signs or Symptoms

Long Comments:

Father called to say son had a stroke and is now in a Nursing Home. He took the product for 8 mths but father does not know any other history. Requests some compensation. Caller referred to supervisor Dan Rodriguez.

CONFIDENTIAL

MIPER030407

NON-RESPONSIVE REDACTION

Appendix 2. Metabolife Serious Adverse Events (continued)

NEVER DEGRADATION OF DOCUMENTATION

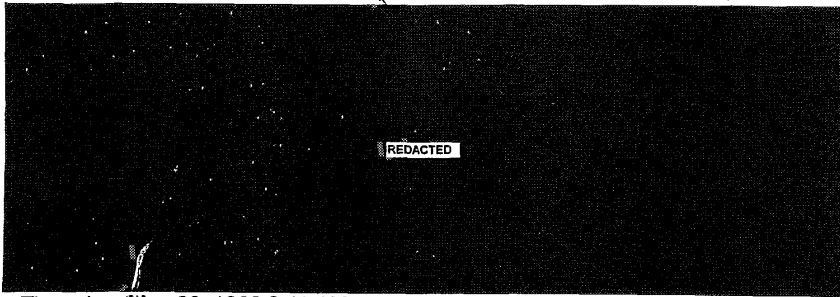
8

Date: 5/11
Name: _____
Age: _____ Sex: _____
Med: _____
Met: HAS A WEBSITE CO. HAS A DOCTOR THAT IS ACCUSING
THAT HAS CHAT ROOM MET. THAT HE'S WIFE DIED OF IT
A DOCTOR LEFT CAUSED CEREBRAL HEMORRHAGE
THIS MESSAGE THAT KILLED HER
Current Date: _____ Suggested Date: _____
Reason: _____ TRANSFERRED TO DAN.

MIPER035062

Appendix 2. Metabolife Serious Adverse Events (continued)

From:
To:



REDACTED

Date: Thursday, May 20, 1999 8:41 AM
Subject: Fw: MetaboLife - Weight Loss product warning

Subj: MetaboLife - Weight Loss product warning
Date: 5/13/99 7:13:58 PM Central Daylight Time

Hello Friends,

I wanted to write an addendum to this to let you know that just this week, [REDACTED] got their second patient with cardiac arrest who was using MetaboLife. She was without a pulse for 16 minutes. She is currently in critical condition at [REDACTED]. This information comes from [REDACTED] who is a nurse at [REDACTED] and who has a mutual friend of the young woman who is in critical condition. MetaboLife contains the active ingredient Ma Huang, which is a central nervous system stimulant. When ingested on a regular basis it can cause elevated heart rate and blood pressure, ultimately resulting in cardiac arrhythmias and arrest. It is marketed as a weight-loss product - what a way to lose, perhaps even your life!

Trust Shaklee not to market anything like this product, even though there are those ready to put this kind of stuff into their bodies, not realizing the danger. Herbal products are unregulated in this country. I personally rely on Shaklee's impeccable research -- if Shaklee doesn't make it, I don't take it, because I know there's a good reason why they don't!

[REDACTED]

RN

5/21/99

[REDACTED] 2/24

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