

विज्ञापन प्रारूप

कार्यालय औषधि नियंत्रक, चिकित्सा एवं स्वास्थ्य विभाग,
राजस्थान, जयपुर

क्रमांक :- डीसी/डी-2/2019

जयपुर दिनांक :

मैसर्स डीईपीयूवाय इंटरनेशनल लिमिटेड (DePuy International
Ltd. U.K) वर्तमान में जॉनसन एण्ड जॉनसन द्वारा निर्मित दोषपूर्ण
ए.एस.आर. हिप इम्प्लांट प्रत्यारोपित मरीज को मुआवजा का
दावा करने के लिये विज्ञापन

मैसर्स डीईपीयूवाय इंटरनेशनल लिमिटेड (DePuy International Ltd. U.K) वर्तमान में जॉनसन एण्ड जॉनसन द्वारा निर्मित दोषपूर्ण ए.एस.आर.हिप इम्प्लांट प्रत्यारोपित मरीज, जिनको यह प्रत्यारोपण अगस्त 2010 के पूर्व किया गया था, के द्वारा मुआवजे का दावा करने हेतु भारत सरकार द्वारा केन्द्रीय विशेषज्ञ समिति एवं राज्य स्तरीय समितियों का गठन किया गया है। मुआवजे के लिये विस्तृत आवेदन प्रपत्र मय चेक लिस्ट सीडीएससीओं की बेवसाइट www.cdsc.gov.in (notifications/public notices/notice No. 33) एवं राज्य सरकार की विभागीय वेबसाइट www.rajswasthya.nic.in पर उपलब्ध है।

मुआवजे के दावे हेतु राज्य स्तरीय समिति के समक्ष निम्न पते पर आवेदन आमंत्रित किये जाते हैं।

पता: कार्यालय औषधि नियंत्रक, स्वास्थ्य भवन, तिलक मार्ग, कमरा नं. 315, तृतीय मंजिल, जयपुर, राजस्थान-302005

ई-मेल आईडी :- drugcontroller1.mh@rajasthan.gov.in

दूरभाष नम्बर :- Contact no. 0141-2221670

(राजा राम शर्मा)
औषधि नियंत्रक
राजस्थान, जयपुर

**DePuy/J&J ASR – Compensation
Application FORM**

To,

**Shri Raja Ram Sharma,
State Drug Controller,
Member Secretary,
State Level Expert Committee,
Room No. 315, Third Floor,
Swasthya Bhawan, Jaipur (Rajasthan).**

Patient Details

Name		
Gender		
Contact Number		
Email ID		
Address		
Address for Correspondence		
Date of Birth		
Occupation		
ASR Hip (DePuy/J&J ASR Metal-on-Metal) implanted (Please tick the appropriate box)	Left	<input type="checkbox"/>
	Right	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>

First/Initial Surgery Details

Date of First Surgery		
Type of Surgery (Please tick the appropriate box)	ASR Hip Resurfacing (DePuy/J&J ASR Metal-on-Metal)	<input type="checkbox"/>
	ASR XL Total Hip Replacement (DePuy/J&J ASR Metal-on-Metal)	<input type="checkbox"/>
Identification Number of the ASR Hip implanted (DePuy/J&J ASR Metal-on-Metal)		
Hospital Name, Address and Contact Number		
Surgeon Name, Address and Contact Number		

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Revision Surgery Details

Date of Revision Surgery		
Hospital Name, address and contact number		
Surgeon Name, address and contact number		

In case of multiple revision surgeries, provide above details for each such surgery in separate columns.

Previous medical management Details

Has the patient received any medical management by the M/s DePuy International Limited, U.K. (now M/s Johnson & Johnson Pvt. Ltd), if yes, please give the details, If Not received any reimbursement, write No.	
Has the patient received any compensation, other than the reimbursement paid for the revision surgery or any other medical management? if yes, please give the details, If Not received, write No.	
What are the medical symptoms caused due to use of faulty ASR implant with documentary evidences?	
Whether the patient has suffered with any temporary disability or is suffering with any permanent disability, if any, please give details along with the disability certificate issued by a competent authority.	
Please attach the recent and relevant clinical test lab report, or any other medical laboratory report (s), or any other document in support of the claim made, if any.	
Whether the patient has lost its occupation/job/source of income due to the adverse medical condition which is caused due to faulty ASR implant, if any, please give details. <i>(please enclose a separate sheet having details of loss of wages or income due to such adverse condition, if any. It is advised to attach the evidences in support of such claim)</i>	
Discharge slip from the hospital where the patient was implanted ASR (DePuy/Johnson & Johnson Metal-on-Metal Hip Implant) have been operated upon	

Any documentary proof proving the purchase and use of ASR (DePuy/Johnson & Johnson Metal-on-Metal Hip Implant)	
Any other relevant information / document (if any)	

Declaration

I, _____ [Patient Name] hereby submit my application to the Chairman, Central Expert Committee for grant of compensation from M/s DePuy International Limited, U K (M/s Depuy India), now M/s Johnson & Johnson Pvt Ltd

I do hereby declare that the information given in this application form and the documents enclosed herewith are true and correct to the best of my knowledge and belief

Signed _____

Patient's Name & Signature

Date _____

Address _____

Email and Mobile Number _____

List of Enclosures:

- 1 Proof of Identity (Document issued by the Government such as Driving Licence, Aadhaar Card, Passport, etc) (Mandatory)
- 2 List of documents attached

Documents required to apply for ASR Hip Implant Compensation.

1. Application Form
2. ID Proof
3. Details of ASR Hip Implanted Left/Right/ Bilateral (DePuy/ J&J ASR Metal-on Metal)
4. First Surgery details
 - Id no. of ASR Hip Implanted
 - Hospital Name, Address and contact no.
 - Surgeon Name & Address.
5. Revision Surgery details (In case of multiple surgery, details of each surgery required).
 - Date of Surgery
 - Hospital Name & Address
 - Surgeon Name & Address.
6. Previous medical management details.
 - Medical management/reimbursement received from M/s DePuy/ J&J
 - Any compensation (other than reimbursement) received for revision surgery.
7. Medical Symptoms due to faulty ASR implant (documents required)
8. Whether suffered with temporary disability/permanent disability (Disability Certificate required)
9. Chemical test lab report in support of claim.
10. Whether patient has lost occupation/job due to adverse condition caused due to faulty ASR implant. (evidence required)
11. Discharge slip from Hospital where operated.
12. Documentary proof regarding purchase & use of ASR (DePuy) implant.
13. Any other documents regarding matter may be attached.
14. Nodal Officer Sh. Dulabh Kumar Sharma, Drug Control Officer HQ. Jaipur
Contact No. 9887279121