

## Appendix 2. Metabolife Serious Adverse Events

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**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. md 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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MIPER015281

## Appendix 2. Metabolife Serious Adverse Events (continued)

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**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 "I 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 1a and I have a thyroid problem" I told her we didn't recommend it unless she told her dr. the active ingredients. she said she did and her dr. approved it, the dr. was surprised 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)

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**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. 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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MIPER015409

## Appendix 2. Metabolife Serious Adverse Events (continued)

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**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** **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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MIPER016006

## 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:** 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)

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**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)

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**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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MIPER016593

## Appendix 2. Metabolife Serious Adverse Events (continued)

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**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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MIPER016653



## Appendix 2. Metabolife Serious Adverse Events (continued)

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**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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MIPER016703

## Appendix 2. Metabolife Serious Adverse Events (continued)

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**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)

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**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:** 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)

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**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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MIPER017369

## Appendix 2. Metabolife Serious Adverse Events (continued)

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**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 reports 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				
Address Line 1	Address Line	City	State	Zip
Redacted				
Recommendations				
Current Water Intake oz	Caffeine Intake	Current Diet	Increase Water	High Protein
8	0	diabetic	<input type="checkbox"/>	<input type="checkbox"/>
Other Recommendations				
<input type="checkbox"/> Ok to call back <input type="checkbox"/> Do not call back <input 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				
Medications	Medical History	Comments		
Glucophage	Diabetes			
Glucotrol				
<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:				
<input type="checkbox"/> Medical Release Form Sent <input type="checkbox"/> Customer Denies any other signs or Symptoms <input type="checkbox"/> No Weight Loss/Gain				
Long Comments:				
<p>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 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.</p>				

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MIPER018199

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

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

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

### Recommendations

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

<input checked="" type="checkbox"/> <b>Ok to call back</b>	<input type="checkbox"/> <b>Do not call back</b>	<input type="checkbox"/> <b>Customer Understand Recommendation</b>	<input type="checkbox"/> <b>Eat w/10min to 1hr</b>
<input type="checkbox"/> <b>Usage Guidelines Sent</b>	<input type="checkbox"/> <b>Declined Usage Guidelines</b>	<input checked="" type="checkbox"/> <b>Customer to Call Meta PR</b>	<input type="checkbox"/> <b>Ate After 1hr</b> <input type="checkbox"/> <b>Did Not Eat</b>

### Medical History

<b>Medications</b>	<b>Medical History</b>	<b>Comments</b>
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"/> Proctitis
<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:

<input type="checkbox"/> Medical Release Form Sent	<input checked="" type="checkbox"/> Customer Denies any other signs or Symptoms
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### Long Comments:

Respiratory Therapists. Took Met 5 days, 2 bld. 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	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	<input checked="" type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula
Date	1/17/200	Time	8:29:03 A	Refund Policy Reviewed	<input type="checkbox"/>	356 +Chinac

### Recommendations

<u>Current Water</u>	<u>Caffeine Intake</u>	<u>Current Diet</u>	<u>Increase Water</u>	<u>High Protein</u>	<u>Other Recommendations</u>
Intake oz					
8	0	2 meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See MD for follow up

<input type="checkbox"/> Ok to call back	<input type="checkbox"/> Do not call back	<input type="checkbox"/> Customer Understand Recommendation	<input type="checkbox"/> Eat w/10min to 1hr
<input checked="" 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>
Multiple Vitamins Sup.	Denies any pre-existing medical prob.	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 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 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

☐ Medical Release Form Sent ☒ Customer Denies any other signs or Symptoms

☐ No Weight Loss/Gain

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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	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	<input checked="" type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula
Date	1/31/200 Time	2:31:52 P	Refund Policy Reviewed	<input checked="" type="checkbox"/>	356 +Chinac	<input type="checkbox"/>

### Recommendations

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

<input type="checkbox"/> Ok to call back	<input type="checkbox"/> Do not call back	<input 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>
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"/> Excoitation	<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 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: c/o seizure

☐ 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.

CONFIDENTIAL

MIPER019149

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name	AGE(years)	46	Current Dose	2	Times per day	TID
Last Name	WT(LBS)	200	Suggested Dose	0	SD Times per day	
REDACTED	HT(INCHES)	0	TIME ON METABOLIFE	2	UNITS	WEEKS

USER	bruce	D/C met use	<input checked="" type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula
Date	4/10/200 Time 7:17:04 P	Refund Policy Reviewed	<input checked="" type="checkbox"/>	356 + Chinac	<input type="checkbox"/>	

### Address Information

Address Line 1	Address Line	City	State	Zip
	REDACTED			

### Recommendations

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

<input checked="" type="checkbox"/> Ok to call back	<input 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 checked="" type="checkbox"/> Customer to Call Meta PR	<input type="checkbox"/> Ate After 1hr <input type="checkbox"/> 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"/> Parestrias                       | <input type="checkbox"/> Yeast Infection     |

### Other/Comments:

<input type="checkbox"/> Medical Release Form Sent	<input type="checkbox"/> 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	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</u>	<u>Caffeine Intake</u>	<u>Current Diet</u>	<u>Increase Water</u>	<u>High Protein</u>	<u>Other Recommendations</u>
Intake oz			<input type="checkbox"/>	<input type="checkbox"/>	
0					

<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 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 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 Infurction	<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"/> 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

CONFIDENTIAL

MIPER020763

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name	AGE(years)	18	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	cat	D/C met use	<input type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula
Date	5/4/2000 Time	9:46:02 A	Refund Policy Reviewed	<input type="checkbox"/>	356 +Chinac	<input type="checkbox"/>

### 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.

CONFIDENTIAL

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 disperse 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. <sup>TM</sup>

#### REPORT OF ALLEGED EFFECT

PERSON REPORTING \_\_\_\_\_ RELATION TO CLIENT Self  
 CLIENT \_\_\_\_\_ REDACTED \_\_\_\_\_ AGE 38 WT 172<sup>#</sup> HT 5'3" PHONE \_\_\_\_\_ REDACTED  
 ADDRESS \_\_\_\_\_ REDACTED \_\_\_\_\_ REDACTED  
 HOSPITAL \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 DATES OF SERVICE 9/4/99 PHYSICIAN \_\_\_\_\_  
surgey 9/10/99 PHONE \_\_\_\_\_

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

MEDICATIONS ANAPROX PRN MOUSSES (now on numerous heart  
and anticoag. meds)

HERBS \_\_\_\_\_ CAFFEINE \_\_\_\_\_  
 VITAMINS \_\_\_\_\_ OTC \_\_\_\_\_

PRODUCT USE HISTORY tried 2<sup>nd</sup> started in April - lost 13<sup>#</sup>  
#CAPS 1-2/day TIMING 1 BID DURATION 3-4 wks. WATER INTAKE 8 glasses  
 BREAKFAST \_\_\_\_\_ LUNCH \_\_\_\_\_ DINNER \_\_\_\_\_  
ste fruit, sandwich chicken wrap

PREVIOUS RECOMMENDATIONS BY: DISTRIBUTOR \_\_\_\_\_ HEALTHLINE \_\_\_\_\_ OTHER \_\_\_\_\_

REPORT TAKEN BY QKD DATE 10/11/99 TIME 1500

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

CONFIDENTIAL

MIPER020918

## Appendix 2. Metabolife Serious Adverse Events (continued)

REDAI  
ATTORNEYS AT LAW  
A Professional Corporation  
REDAI

TO ANDREA  
FROM Glenn Pack

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 has 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  
ANDREA,  
This is very  
interesting  
TO

He tried to  
get someone to  
return this  
AT 2 o'clock yesterday  
Nursing called him  
Back can we please  
not to him

CONFIDENTIAL

MIPER020979



Appendix 2. Metabolife Serious Adverse Events (continued)

7-27-98

REDAI

REDAI

Customer #

REDAI

fax and mail

Please convey all orders to  
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

CONFIDENTIAL

MIPER021010

## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

Date: 1/11/11  
 Name: \_\_\_\_\_ : \_\_\_\_\_ Ht.: \_\_\_\_\_ Ph#: \_\_\_\_\_  
 Meds: \_\_\_\_\_ C.C.: HAIR LOSS  
 \_\_\_\_\_  
 Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_ Med. Hx: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_

Date: 2/1/11  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Wt.: \_\_\_\_\_ Ht.: \_\_\_\_\_ Ph#: \_\_\_\_\_  
 Meds: \_\_\_\_\_ C.C.: 3 MONTHS  
 \_\_\_\_\_ "SEIZURES LIKE ACTIVITY"  
 \_\_\_\_\_ EXPERIENCED BLACK OUT ACTIVITY  
 Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_ Med. Hx: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_

CONFIDENTIAL  
 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022364

## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

Date: 1/11/11  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Wt.: \_\_\_\_\_ Ht.: \_\_\_\_\_ Ph#: \_\_\_\_\_  
 Meds: CALLER #1012 c.c.: TX ARKINGTON  
JUST FEELS 98 YRS. OLD HAD A  
HEART ATTACK.  
 Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_ Med. Hx: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_

Date: 1/11/11  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Wt.: \_\_\_\_\_ Ht.: \_\_\_\_\_ Ph#: \_\_\_\_\_  
 Meds: CALLER #1012 c.c.: 3 DAYS, FEELS WORSE  
THAN  
 Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_ Med. Hx: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_

CONFIDENTIAL  
 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022492

## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

Date: 7/1/9 / 1  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Wt.: \_\_\_\_\_ Ht.: \_\_\_\_\_ Ph#: \_\_\_\_\_  
 Meds: C.C.: was calling saying "a friend of a friend had a seizure was brought to the hospital" - wanted to verify  
 Current Dose: \_\_\_\_\_ Suggested Dose: 1-2 tabs Med. Hx: she is a Metabolife user  
 Recommendation: 1 tab. (she 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: \_\_\_\_\_

her used  
same words  
as given 12 p.  
info.

CONFIDENTIAL  
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022584

## Appendix 2. Metabolife Serious Adverse Events (continued)

4-20-99

### HEALTH INFORMATION CALL DOCUMENTATION

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_ Ph# \_\_\_\_\_  
Meds: \_\_\_\_\_ C.C.: My history -  
(Seizures)  
Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_  
Recommendation: \_\_\_\_\_ Med. Hx. \_\_\_\_\_

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022800

## Appendix 2. Metabolife Serious Adverse Events (continued)

Date: 1-13-99

Name: K+, [unclear] [unclear] [unclear] Age: 61 Wt.: 185 Ht.: 5'7 1/2" Ph#: [unclear] *pain in chest - took NTG 3x*  
 Meds: HTN, [unclear] [unclear] [unclear], [unclear] C.C.: Ang - 432\* *standing? stroke - 8 legs gone out.*  
*side unit 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: [unclear] C.C.: shaky - drinks coke -  
eats alot -

Current Dose: \_\_\_\_\_ Suggested Dose: 290\* Med. Hx: \_\_\_\_\_  
 Recommendation: 8 1/2 12 180 3/22  
1 1/2 1 1/2

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MIPER022308

# Appendix 2. Metabolife Serious Adverse Events (continued)

## HEALTH INFORMATION CALL DOCUMENTATION

12

Recommendation: \_\_\_\_\_

Date: 1-22      Wt: \_\_\_\_\_      Ht: \_\_\_\_\_      Ph: \_\_\_\_\_  
 Name: \_\_\_\_\_      Age: \_\_\_\_\_  
 Meds: on b/p mds Thiazide CTZ      C.C.: 8/98 head mini stroke 8/06 K6 DT apted.  
Ka # 122 DSR      \$50 refund  
1046      will see neurologist  
 Current Dose: \_\_\_\_\_      Suggested Dose: \_\_\_\_\_      Med. Hx: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_

CONFIDENTIAL  
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022325



## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

Date: 7/15  
Name: 357-35194 Age:      Wt:      Ht:      Pt:       
Meds:      C.C.: TRANSFERRED TO DAD  
"LEGAL" CUSTOMER THAT HAD  
1 STROKE - LAWYERS  
Current Dose:      Suggested Dose:      Med. Hx:       
Recommendation:     

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022479

## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

Date: 1/17	Age: 290	Wt: 51	Ph#:
Name:			
Med: HAD STROKE	C.C.:		
PRALIS PRALIS	BP - PRINACIN		
Current Dose:	Suggested Dose:	Med. Hx: STROKE	
Recommendation:			

CONFIDENTIAL  
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER022496

## Appendix 2. Metabolife Serious Adverse Events (continued)

~~gypmat~~  
 rx - Flonase  
 steroid inhaler  
 doesn't  
 Timoptic  
 glaucoma  
 eye drops  
 gtt

138 lbs 65 yrs  
 off/on - ~~5~~ 6 months  
 2 3 →  
 2 in morning  
 B - yogurt, fruit  
 L - 1/2 sandwich  
 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  
 gray with  
 red veins

ordered  
 patch  
 requesting  
 refund

CONFIDENTIAL  
 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023002

## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

2/2/00

Date: 2/2/00  
 Name: [REDACTED] Age: [REDACTED] Sex: [REDACTED]  
 Meds: TRANSFERRED TO DAD  
 Med. Hx: DAUGHTER HAD A SEIZURE SAW THE SEIZURE ON 02/01/00 AND SHE CALLED 00/00 GAVE HER PHONE NUMBER.  
 Current Dose: [REDACTED] Suggested Dose: [REDACTED]

sent

CONFIDENTIAL  
 CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023029

## Appendix 2. Metabolife Serious Adverse Events (continued)

1/14

### HEALTH INFORMATION CALL DOCUMENTATION

- talked c

Date: \_\_\_\_\_ Wt.: \_\_\_\_\_ Ht.: \_\_\_\_\_ Ph#: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Meds: \_\_\_\_\_ C.C.: add Met & 2 wks  
sister - grand met seizure this eve - met since Sept.  
NO say drug related.  
 Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_ Med. Hx: \_\_\_\_\_  
 Recommendation: look ii Metabolife some day of seizure

✓ Meds: UA C.C.: leaving  
refused H&A ok? same but this 2  
try bread  
 Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_ Med. Hx: \_\_\_\_\_  
 Recommendation: lost soon 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 that <sup>(cousin)</sup> ~~she~~ suffered"*  
*should ~~the~~ sister 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 \_\_\_\_\_  
Migraine HA 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 \_\_\_\_\_

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023695

## Appendix 2. Metabolife Serious Adverse Events (continued)

*[Bleat att  
3 strokes  
stomach 100°  
130 lbs  
lost 100 lbs  
no pain  
202 food  
a day  
[may enlarge  
Oct 15  
shut met  
Nbv.]*

*[9 months]  
7-21-99  
298*

**ALTE INFORMATION CALL DOCUMENTATION**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: 50 Wt: 168 Ht: \_\_\_\_\_ Ph: \_\_\_\_\_

Med: \_\_\_\_\_

Current Dose: \_\_\_\_\_ Recommended Dose: \_\_\_\_\_

Disc: \_\_\_\_\_ Med. Hx: \_\_\_\_\_

*used to have a Wt. \_\_\_\_\_ Ht. \_\_\_\_\_ Ph# \_\_\_\_\_*

Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_

Recommendation: \_\_\_\_\_

*lost valuable stg - Testimony  
70/54  
valium  
met  
thinks clear  
pharmacology  
SAM- 2 coffee  
2 mets  
7am  
chicken  
vital*

*Dr's not  
aware*

CONFIDENTIAL  
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER023877



## Appendix 2. Metabolife Serious Adverse Events (continued)

**1** **Friday**  
**May**  
**1998**  
**William A2**

7:00	3 hrs - chest
7:30	arm, hand neck
8:00	stunned
8:30	unstable - some lines
9:00	took to chair -
9:30	hospital - HT
10:00	EKG -
10:30	angioplasty -
11:00	cardiac med
11:30	transfused
12:00	blood thinner
12:30	
1:00	Zestil
1:30	isosorbide
2:00	plavix
2:30	ASA
3:00	
3:30	told MD - in hospital
4:00	but 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>Shirley Gifford</i>
10:30	
11:00	<i>Dr. G. Hunter</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	

CONFIDENTIAL  
REDACTED

MIPER024172

## Appendix 2. Metabolife Serious Adverse Events (continued)

<b>21</b>	<b>Monday September 1998</b>
7:00	<i>[Signature]</i>
7:30	<i>[Signature]</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	

CONFIDENTIAL  
REDACTED

MIPER024236

Appendix 2. Metabolife Serious Adverse Events (continued)

2 nites ago  
heart racing - up all nite  
ecc. drops - getting 25 gttz  
never took ecc or sdt before  
1 -

2/10  
had to take off work

seizure - took 1 tab  
1 month

145

182

1 T10 130

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER024344

## Appendix 2. Metabolife Serious Adverse Events (continued)

3 months

cold sweats Ht a Puke

1 LBD 160 66

~~not sure~~ 5-6 claims 1C coffee  
Soda - no caffeine

↓ not breakfast 1/2 gm

didn't call back to line

called not approved  
several wk

10/1  
1 month 1/31  
10 1/31  
1/2 TID

2 wks - 210

2 TID - acapil

1/2 ... 20 con.

0 Caffeine vitamin D & E

heartburn - no wt loss  
cystic fibrosis

2m

1/2 1/2 1/2 1/2  
120  
Insomnia - intake  
56 - 1/2 not. well

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER024383

## Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION  
DATE/

*wrong #*

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 \_\_\_\_\_

*Not #*

CONFIDENTIAL  
CONFIDENTIAL & NON RESPONSIVE REDACTION

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" P: [redacted]  
 5/16 Meds: Lotrimin, Propulsid, Plavix CC: bloating, constipation 2-4 days  
 Water 3-4 times a day, coffee 3 meals  
 Current Dose: 18/10 Suggested Dose: [redacted] Med. [redacted] Hysterectomy, MD is aware  
 Recommendation: decrease amount or stop if at all. Take with food. No peritoneal  
 -10 A.M.

Date: 6-1-07  
 Name: [redacted] Age: 39 Wt: 170 Ht: 5'4" P: [redacted]  
 Meds: [redacted] CC: Convulsion 2 days  
 Water 6-8 oz. & coffee 3 meals  
 -wants referral  
 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" P: [redacted]  
 4/21 Meds: BCP CC: RT. eye irritation pain, dizziness  
 Water 2 liters & coffee 3 meals. On before vision blurry  
 Stop for 4 days. Started today eye drops & eye ointment. No further  
 Current Dose: 2-1-1 Suggested Dose: 1000 Med. [redacted] MD is aware  
 Recommendation: Stop BCP for 4 days. Refer to Dr. Rodriguez for further  
 advice until further test done to determine the cause.

Date: 6-1-07  
 Name: [redacted] Age: 59 Wt: 140 Ht: 4'10" P: [redacted]  
 4/21 Meds: Coumadin, Lipitor CC: PT level low. Was hospitalized  
 Water 1-2 gallons, coffee 2 meals, 3 meals  
 Stop all meds. Refund  
 Current Dose: 2/10 Suggested Dose: [redacted] Med. [redacted] MD not aware  
 Recommendation: Coumadin level 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: 5/9  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Mode: TRANSFERRED TO DAN 9 MONTHS - OCT. 99 EVER SINCE  
THEN HE HAS SUFFERING  
FROM SEIZURES. NEUROLOGIST SAYS  
IF MAKE MET,  
OK.  
 Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_  
 Date: 5/9

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MIPER024711



## Appendix 2. Metabolife Serious Adverse Events (continued)

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

1873)

Name _____	<u>Chief Complaint</u>	
Phone _____		
Age <u>23</u>	<b>1. No Weight Loss</b>	
Weight <u>135#</u>	<input type="checkbox"/> Underdosing	<input type="checkbox"/> Med. Conflict
Height <u>5'6</u>	<input type="checkbox"/> Dehydration	<input type="checkbox"/> Other _____
Medications <u>  ✓  </u>		
	<b>2. Side Effects</b>	
	<input type="checkbox"/> Jitteriness/Nervousness	<input type="checkbox"/> Insomnia
	<input type="checkbox"/> Cramping	<input type="checkbox"/> GI Disturbance
	<input type="checkbox"/> Other _____	
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
Medical History <u>6mos - stroke - lost week - MD's said Maffuang.</u>		
<u>lost 30-35#</u>		
Conclusion/Recommendations: _____		
_____		
Current Dosage <u>6/D</u>	Recommended Dosage _____	

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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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REDACTED

MIPER024839

Appendix 2. Metabolife Serious Adverse Events (continued)

6-23-98

I Took your products  
for six weeks &  
ended 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 -

PILLS ARE BLACK,  
CREATES NAUSEA  
FOR HER. 3 BOTTLES  
WERE OKAY.

7/23  
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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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER024947

Appendix 2. Metabolife Serious Adverse Events (continued)

Wants retired FAX

Talked w/ Dan Rodriguez  
bumps then took again

~~So~~ Thursday Granuloma annulare  
reddened  
Dermatologist / GP

death bed? | distributor 0539 am dose  
couldn't determine | dist. 1745  
diarrhea  
vomiting  
dist. cast  
stroke

CONFIDENTIAL  
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER025011

## Appendix 2. Metabolife Serious Adverse Events (continued)

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

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER025147

## Appendix 2. Metabolife Serious Adverse Events (continued)

3/20/98

✓ ?dement. sangue - oct - a 4 deg.  
seigne diabolique - present

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CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER025371



## Appendix 2. Metabolife Serious Adverse Events (continued)

9/5/92

1:52 P.M. # 8014  
= 35 YRS. FEB. HAD STROKE  
ALSO A STUDENT, 125 LBS. 5'9"

CONFIDENTIAL  
CONFIDENTIAL & NON RESPONSIVE REDACTION

MIPER025482

## Appendix 2. Metabolife Serious Adverse Events (continued)

[REDACTED]

12:38 P.M.  
MET. HAD STROKE

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CONFIDENTIAL & NON RESPONSIVE REDACTION

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

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:

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

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MIPER025521

## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

Date: <u>1/17</u>	Age: <u>6'2"</u>	Wt: <u>290</u>	Sex: <u>F</u>
Name: _____			
Med: _____			
CC: 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 Pharm			
Date: <u>1/13</u>	Age: <u>6'2"</u>	Wt: <u>290</u>	Sex: <u>F</u>
Name: _____			
Med: _____			
CC: 7 MONTHS ON MET. WENT TO DOCTOR. DIAGNOSED AS HAVING HIGH BLOOD PRESSURE. CAN HE STILL TAKE THIS.			
Spoke to mother who explained the situation. he was to stop all caffeine, coffee, met, etc.			
Current Dose: _____	Suggested Dose: _____	Med. Exp: _____	
Recommendation: Follow MD orders			

RECORDED  
9 DAYS  
AGO.

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MIPER27487

## 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. [redacted], an ER physician with the University of [redacted] 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 Scot/Dr. Dash to interface with the physician to prevent this from digressing.

Best  
Herbal Library  
"Criminal Poison Control Center"

John

Dilantin

Wayne Snodgrass

Wallace Winters

3 top minds

3x

potential  
pharmacokinetics  
pharmacology  
toxicology

Adverse Effect Report



pull literature seizures  
statistical evidence  
in population with general

Shan #15  
Simone #15  
Dr. [redacted]  
wife  
Stanford researcher  
Utah Exels Library Health & Medical Science  
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)

suddenly no engine ~~start~~ about  
 stop →  
 taken for months  
 any documentation?  
 Cardiolipin arrest  
 injections 2-3 hrs  
 from 6-8 hrs to 20  
 1-2 or nothing  
 DYNAMIC PAX  
 only mecs  
 not out of  
 injection  
 caused before getting  
 asking about side effects  
 "side effects" ~~that~~  
 "premors"  
 1030 730  
 530  
 20 min  
 3pm - 330 pm  
 PST  
 5-530  
 today

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MIPER27600

## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

DATE

5/21

Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Phone# \_\_\_\_\_ Brain bleed? \_\_\_\_\_  
 Chief complaint Dist \_\_\_\_\_  
 #of caps qd \_\_\_\_\_ Timing \_\_\_\_\_ Duration \_\_\_\_\_  
 Meals/snacks \_\_\_\_\_  
 Water intake \_\_\_\_\_ Caffeine intake \_\_\_\_\_  
 Medications \_\_\_\_\_ Medical history/similar symptoms \_\_\_\_\_  
 Exercise \_\_\_\_\_ Other pertinent info \_\_\_\_\_  
 Recommendations cont 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

U  
Date: 11/9/ Age: Wt: Ht: Ph# Non-Responsive Redaction  
Name: Non-Responsive Redaction  
Med: CONNADOL c.c. WIFE HAD STROKE  
Current Dose: Suggested Dose: Med. Hx:  
Recommendation:

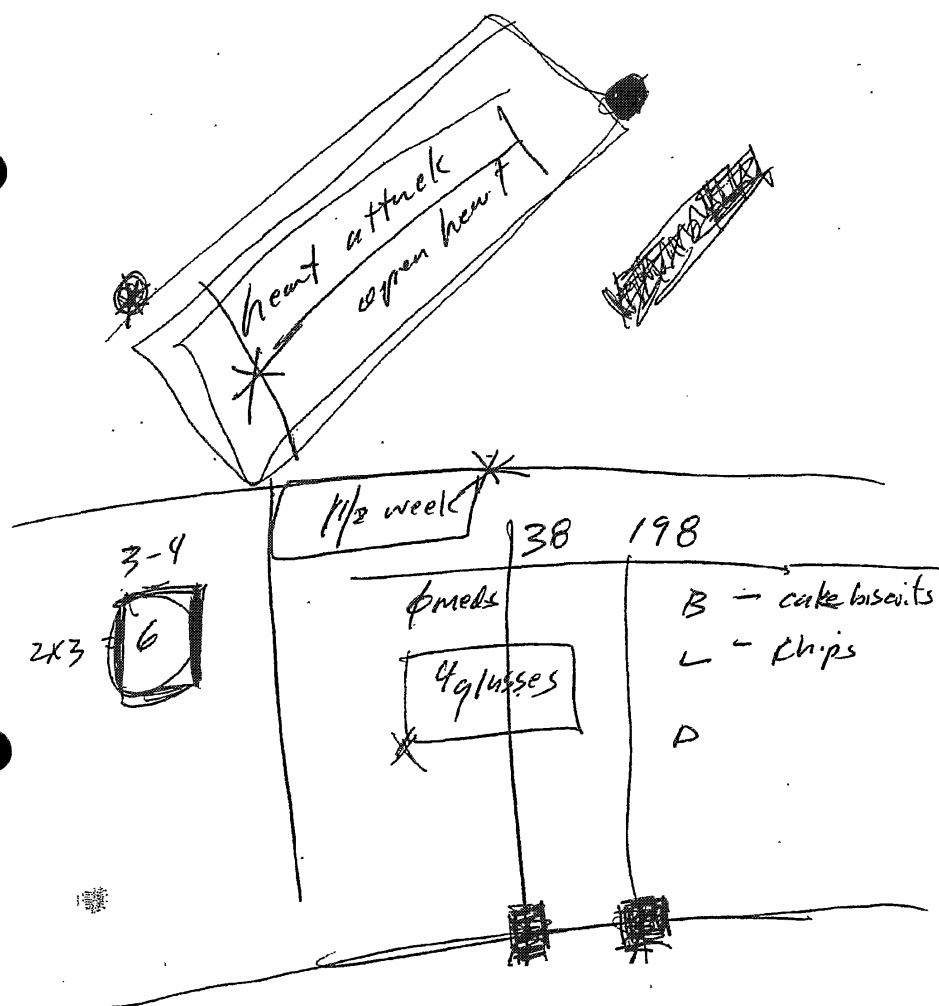
Non-Responsive Redaction

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MIPER27791



## Appendix 2. Metabolife Serious Adverse Events (continued)



Non-Responsive Redaction

CONFIDENTIAL

MIPER27941

## Appendix 2. Metabolife Serious Adverse Events (continued)

8/23/99 - T.C. 1700 N/A  
8/24/99 voice mail from dist.  
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 customers 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)

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

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

Yesterday one of our ESRD on HD pts was admitted to the ICU with n/o seizures. It was discovered that he was taking Metabolite. 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: <69183aa1.24e246a1@aol.com>  
Date: Tue, 10 Aug 1999 23:23:13 EDT  
Subject: Metabolite  
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)

*Danielle For your Follow up  
THANKS*

call id 315

long comments: s,53 yr. Old female 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. 228 lbs. Weight-228 lbs 1yr. Ago, now 189 lbs. 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. Customer 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, 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

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 M.R.I. 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.

*90-140/60-70*

*met  
Sent 9/10/99*

CONFIDENTIAL  
NON-RESPONSIVE REDACTION

MIPER028281

Appendix 2. Metabolife Serious Adverse Events (continued)

Health

May 1, 2001

Dear Sir:

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.

MAY 4 2001

BY MAIL ROOM

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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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 into Christus St. Michael's 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've

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MIPER028329

NON-RESPONSIVE REDACTION

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name Redacted AGE(years) 17 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 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 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 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:

mother reported dtr was in hosp for dehyd. C/o grocer was selling 356 to minors. Letter sent to grocer. Phoned of letter.

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MIPER028442

NON-RESPONSIVE REDACTION

## 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 of 2 Caffeine Intake 0 Current Diet ☐ Increase Water ☐ High Protein ☐ Other Recommendations  
☐ 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 none Medical History denies any health problem Comments 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 Disfunction             |
| <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

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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 or 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 Recommendation ☐ Eat w/10min to 1hr  
☐ Usage Guidelines Sent ☐ Declined Usage Guidelines ☐ Customer to Call Meta PR ☐ Ate After 1hr ☐ Did Not Ea

### Medical History

Medications Medical History "healthy"

### Comments

<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"/> Parestias	<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:

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	<input type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula	
Date	5/1/200	Time	9:50:18 A	Refund Policy Reviewed	<input type="checkbox"/>	356 + Chinac	<input type="checkbox"/>

### Recommendations

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

<input type="checkbox"/> Ok to call back	<input type="checkbox"/> Do not call back	<input type="checkbox"/> Customer Understand Recommendations	<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>
	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"/> Parestias	<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:

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 want better labeling practices.

CONFIDENTIAL

NON-RESPONSIVE REDACTION

MIPER029424

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name **Redacted** AGE(years) 58 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 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 **Redacted** Address Line **Redacted** City **Redacted** State **Redacted** Zip **Redacted**

- |  |   |  |  |
|--|---|--|--|
| <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:

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

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MIPER029469

NON-RESPONSIVE REDACTION

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name	Redacted	AGE(years)	0	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 cela D/C met use ☒ Chinac formula ☐ formula  
Date 8/6/200 Time 12:04:32 Refund Policy Reviewed ☐ 356 +Chinac ☐

### Recommendations

<u>Current Water</u> <u>Intake oz</u>	<u>Caffeine Intake</u>	<u>Current Diet</u>	<u>Increase</u> <u>Water</u>	<u>High</u> <u>Protein</u>	<u>Other Recommendations</u>
0			<input type="checkbox"/>	<input type="checkbox"/>	use caution with any ephedrine or stimulant product

☐ 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 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"/> 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"/> Parestisias	<input type="checkbox"/> Yeast Infection

### Other/Comments:

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

### 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.

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NON-RESPONSIVE REDACTION

MIPER029882

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

### Recommendations

Current Water Intake 8 Caffeine Intake 0 Current Diet 3 meals Increase Water ☐ High Protein ☐ Other Recommendations 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 none Medical History denies any health problem Comments 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 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 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

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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"/> Addition                  | <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"/> 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:

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.

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MIPER030407

NON-RESPONSIVE REDACTION

## Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH DEPARTMENT/CALL DOCUMENTATION

Date: 5/11 Age: 70 Sex: M  
 Name: (  
 Meds: HAS A WEBSITE CC HAS A DOCTOR THAT IS ACCUSING  
THAT HAS CHAT ROOM NET. THAT HE'S WIFE DIED OF IT  
CAUSED CEREBRAL HEMORRHAGE  
THIS MESSAGE THAT KILLED HER  
 Current Date: 5/11 Suggested Date: 5/11 Med. Exp. TRANSFERRED TO DAW.  
 Recommendation: TRANSFERRED TO DAW.

MIPER035062

## Appendix 2. Metabolife Serious Adverse Events (continued)

Page 1 of 3

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

MIPER035063