

PFSA (‘Per’ & ‘Poly’ Fluorinated Substances)

The per-and polyfluoroalkyl substances (PFAS) are a group of chemicals used to make fluoropolymer coatings and products that resist heat, oil, stains, grease, and water. Fluoropolymer coatings can be in a variety of products. These include clothing, furniture, adhesives, food packaging, heat-resistant non-stick cooking surfaces, and the insulation of electrical wire.

CRITERIA

- Diagnosis of ulcerative colitis or
- One of the following cancers ...
testicular, kidney, liver or prostate

Injured name: _____ DOB: _____

Single, Widow, Divorced, Married (if married, spouse name): _____

Caller Name (if different): _____

Caller’s relationship to injured person: _____

Why are you calling rather than the injured person? _____

Mailing Address (street/PO Box, city, state, zip): _____

Physical Address, if different: (street, city, state): _____

Cell phone: _____ May we text you? If yes, who is your provider: _____

Home phone: _____ Work phone: _____

Email Address: _____ Preferred method of contact: _____

(If Injured Person Is Deceased) Date of Death: _____

Cause(s) of Death: _____

Residency at time of Death (city & state): _____

Has an Estate been opened: _____ Appointed Personal Representative: _____

_____  _____

Have you been diagnosed with testicular, kidney, liver, prostate cancer or ulcerative colitis? **(If no, decline.)**

Which condition: _____

When were you diagnosed (mm/year): _____

Hospital (name, street address & city): _____

Doctor who made diagnosis (name, street address & city): _____

Have you received treatment for your cancer? _____

If yes, please describe:

Hospital (name, street address & city): _____

Doctor who made diagnosis (name, street address & city):

What is your current status:

When did you first begin experiencing symptoms related to your cancer? _____

What city and state were you living in? _____

How do you believe you have been exposed to PFAS?

Have you received notice from your water provider regarding PFAS contamination? _____

Date you received? _____

SPECIFIC FOR FIRE FIGHTERS

When were you first exposed to Class B firefighting foams? _____

How many years were you exposed? _____

How many times? (best estimate) _____

Where did you receive firefighting training? _____

Graduation date? _____

Have you ever filed bankruptcy? _____

Date? _____

Are you currently employed? _____

Have you made a workers comp claim in connection with your cancer? _____

Who is your Work Comp Insurance carrier: _____

Have you made a claim for compensation of any kind in connection with your work related to your cancer?

If yes, describe: _____

Have you reached out to any other attorney regarding your potential claims? _____

If yes, what became of your inquiry: _____

Other comments

**** Please be sure to save all evidence ****
Including letters, text messages, medical documents, etc