



**DRUGS CONTROL ADMINISTRATION
GOVERNMENT OF TELANGANA**



**Office of the Director
Drugs Control Administration
Vengalraonagar
Hyderabad, Telangana**

PUBLIC NOTICE

Sub: Constitution of "State Level Committee" to determine the quantum of compensation in respect of faulty ASR Hip Implants manufactured by M/s.DePuy International Ltd., U.K (now M/s.Johnson & Johnsons Pvt Ltd.) and implanted in the patients in India – Regarding

Ministry of Health and Family Welfare, Government of India had constituted a High Power Expert Committee to examine issues related to the faulty ASR Hip Implants manufactured by M/s.DePuy International Ltd., U.K (now M/s.Johnson & Johnsons Pvt Ltd.) and imported by M/s.DePuy International Ltd., Mumbai (now M/s.Johnson & Johnsons Pvt Ltd). The Committee has submitted the report to the Ministry. The recommendations of the Committee have been accepted with certain modifications by the Ministry of Health & Family Welfare, Government of India and the report has already been uploaded in the CDSCO website (www.cdsc0.nic.in).

The Committee has recommended amongst the other things, the constitution of Central Expert Committee and State Level Committee for determining the exact quantum of compensation to be given to the patients.

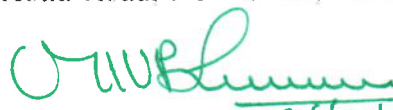
Accordingly, as per orders of the Government, a State Level Committee has been constituted with two Orthopaedic surgeons, one Radiologist and one Deputy Drugs Controller(I), CDSCO, Hyderabad zone, Government of India as Members, headed by the Joint Director of the Drugs Control Administration as Member Secretary to determine the quantum of compensation as admissible under appropriate law and medical management for the affected patients who were implanted the faulty Hip Implants.

The affected patients who were implanted with the faulty ASR Hip Implants and who are suffering from disability and other losses can approach the State Level Committee for claiming compensation by writing to the following address/e-mail. For any queries the affected patients can also write to the following address, email or may call on the number given below:

The Joint Director
Licensing and Controlling Authority
Drugs Control Administration
Vengalraonagar, Hyderabad
Telangana
Email. dcatelangana@gmail.com
Phone No. 040-23814129, 040-23814360, 040-23713563

The Application Form for claiming compensation will be available in departmental website:

In case the affected patients intend to approach Central Expert Committee, they may write/mail to legal cell, CDSCO (H.Q), FDA Bhavan, Kotla Road, New Delhi, Phone No.011-23216367, Extn: 315, email.id: legalcell@cdsc0.nic.in.


26/10/2013

**MEMBER SECRETARY OF
STATE LEVEL COMMITTEE
JOINT DIRECTOR
DRUGS CONTROL ADMINISTRATION**



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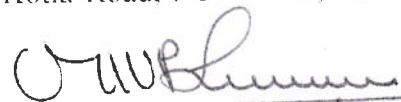
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26/10/2018

**MEMBER SECRETARY OF
STATE LEVEL COMMITTEE
JOINT DIRECTOR
DRUGS CONTROL ADMINISTRATION**

తెలంగాణ ప్రభుత్వము
ఔషధ నియంత్రణ పరిపాలన

డైరెక్టర్ వారి కార్యాలయము,
ఔషధ నియంత్రణ పరిపాలన,
వెంగళరావు నగర్,
హైదరాబాద్ - 500038.

పబ్లిక్ నోటీసు

విషయం: M/s. DePuy International Ltd., U.K. (ప్రస్తుతం M/s. Johnson & Johnson Pvt. Ltd.) వారిచే తయారు చేయబడిన లోప భరితమైన ASR Hip Implants విషయమై సదురు పేషెంట్స్ కు ఇవ్వవలసిన నష్ట పరిహారం నిర్ణయించడం కొరకై “రాష్ట్ర స్థాయి కమిటీ” నియామకం - గురించి.

M/s. DePuy International Ltd., U.K. (ప్రస్తుతం M/s. Johnson & Johnson Pvt. Ltd.) వారిచే తయారు చేయబడిన మరియు M/s. DePuy International Ltd., ముంబాయి (ప్రస్తుతం M/s. Johnson & Johnson Pvt. Ltd.) వారిచే దిగుమతి చేసుకొనబడిన, లోప భరితమైన ASR Hip Implants విషయమై పరిశీలించి, నివేదికను ఇవ్వడం కొరకై ఆరోగ్య మరియు కుటుంబ సంక్షేమ మంత్రిత్వ శాఖ, భారత ప్రభుత్వం వారు ఒక ఉన్నత స్థాయి నిపుణులు కమిటీని నియమించడం జరిగినది.

సదురు కమిటీ, భారత ప్రభుత్వ ఆరోగ్య మరియు కుటుంబ సంక్షేమ మంత్రిత్వ శాఖకు తన నివేదికను ఇవ్వడమైనది. భారత ప్రభుత్వము కొన్ని సవరణలతో ఆ నివేదికను అంగీకరించారు. (ఆ నివేదికను “www.cdsc.nic.in” website నందు పొందుపరిచినారు.) ఆ కమిటీ యొక్క నివేదికలో ముఖ్యమైన సిఫార్సు - పేషెంట్స్ కు ఇవ్వవలసిన సరైన నష్టపరిహారాన్ని నిర్ణయించడానికై ఒక కేంద్ర నిపుణుల కమిటీ మరియు ఒక రాష్ట్ర స్థాయి కమిటీ నియామకం. తదనుగుణంగా తెలంగాణ ఔషధ నియంత్రణ పరిపాలన శాఖ జాయింట్ డైరెక్టర్ వారి నేతృత్వంలో ఒక రాష్ట్ర స్థాయి కమిటీలో ఇద్దరు ఎముకల వ్యాధి నిపుణులు, ఒక రేడియాలజి నిపుణులు మరియు ఒక డిప్యూటీ డ్రగ్స్ కంట్రోలర్, CDSCO, భారత ప్రభుత్వము వారు సభ్యులుగా నియమింపబడినారు.

కావున సదురు లోప భరితమైన ASR Hip Implants అమర్చడం వలన నష్టపోయినటువంటి పేషెంట్స్ “రాష్ట్రస్థాయి కమిటీ”కి పరిహారం పొందడం కోసం తమ వినతులను నిర్దేశించి అప్లికేషన్ ఫారంలో ఈ క్రింది చిరునామా లేదా E-mail కి సమర్పించవలసినదిగా కోరుచున్నాము. మరింత సమాచారము కొరకు ఈ క్రింద ఇచ్చిన E-mail లేదా ఫోన్ నెంబర్ ద్వారా సంప్రదించగలరు.

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నష్టపరిహారం పొందడానికై అప్లికేషన్ ఫారంను డిపార్టుమెంటు website "www.dca.telangana.gov.in" నందు పొందుపరచడమైనది.

నష్టపరిహారం పొందడానికై పేషెంట్స్ కేంద్ర నిపుణుల కమిటీకి కూడా తమ వినతులను ఇవ్వదలచిన పక్షంలో ఈ క్రింది ఇచ్చిన చిరునామా, E-mail లో లేదా ఫోన్ నెంబర్ ద్వారా సంప్రదించగలరు.

CDSO (H.Q).

FDA భవన, కోట్ల రోడ్,

న్యూడిల్లీ - 110002.

Ph.No. 011-23216367, 23216315,

E-mail : legalcell@cdsco.nic.in

ఇట్లు
మ.కా.స.అ.బి.సి.సి.సి.
జాయింట్ డైరెక్టర్ 26/11/2019
FAC
లైసెన్సింగ్ & కంట్రోలింగ్ అథారిటీ,
ఔషధ నియంత్రణ పరిపాలన
తెలంగాణ ప్రభుత్వం

DePuy/J&J ASR – Compensation

Application FORM

To,

**The Chairman
Central Expert Committee,
CDSCO, Head Quarter, FDA Bhawan, Kotla Road, New Delhi, 110002**

Patient Details

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

First/Initial Surgery Details

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

***Revision Surgery Details**

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

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

Previous medical management Details

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

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

Declaration

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

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

Signed _____

Patient's Name & Signature

Date _____

Address _____

Email and Mobile Number _____

List of Enclosures:

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