EXHIBIT F

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: E.I. DU PONT DE NEMOURS AND COMPANY C-8 PERSONAL INJURY LITIGATION	CASE NO. 2:13-MD-2433 JUDGE EDMUND A. SARGUS, JR. MAGISTRATE JUDGE ELIZABETH P. DEAVERS

This document relates to: **John M. Wolf v. E. I. du Pont de Nemours and Company, Case No. 2:14-cv-095.**

DECLARATION OF ROBERT J. HERCEG, MD

I, Robert J. Herceg, declare and state as follows:

1. I prepared the Expert Report of Robert J. Herceg, MD, dated December 8, 2014 ("Expert Report") and a true and accurate copy is attached as Exhibit 1.

2. Each of the opinions in the Expert Report is stated to a reasonable degree of medical and scientific certainty, and was arrived at using reliable methods.

3. If called as a witness, I would testify competently to the matters stated in the Expert Report.

4. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: May 12, 2015

Robert J. Herceg, MD

EXHIBIT 1

EXPERT REPORT
IN
John M. Wolf v. E. I. du Pont de Nemours and Company
C. A. No. 2:14-0545 (S.D. W.Va.)

Robert J. Herceg, M.D.

December 8, 2014

Prepared for:
Plaintiffs' Steering Committee
In Re: E. I. du Pont de Nemours and Company
C-8 Personal Injury Litigation
Case No. 2:13-MD-2433 (S.D. Ohio)

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Background and Experience

I am a partner in the Parkersburg Pathology Services, PLLC group in Parkersburg, West Virginia. I am a board-certified pathologist with a certification in Anatomic & Clinical Pathology with over 15 years of experience. I received my Bachelor of Science degree from the University of Chicago and a Doctor of Medicine degree from the University of Chicago Pritzker School of Medicine. I completed an internship and residency at Northwestern University Hospital. I completed a fellowship in pathology at Northwestern University. I am licensed to practice medicine in West Virginia.

I currently provide pathology services at Camden-Clark Medical Center, Parkersburg, West Virginia. I am a member of the College of American Pathologists and participate in continuing medical education with this organization.

I have clinically examined thousands of tissue samples, pathology slides, and biopsies, including individuals with inflammatory bowel disease and more specifically ulcerative colitis. I would estimate I see 2-3 cases of ulcerative colitis every month on average. Many of these are repeat patients, as patients with this condition undergo frequent monitoring to evaluate treatment effects and for surveillance of colon cancer.

Please find my curriculum vitae attached to this report as Attachment A.

Prior Testimony

I have provided no other testimony as an expert at trial or deposition during the last four years.

Compensation

My current fees include $250.00 per hour for record review, report preparation and conferences; $250.00 per hour for depositions; and court appearance fees of $1,000 for a full day or $500 for a half day.

Methodology

I was asked to opine as to whether Mr. Wolf presented with ulcerative colitis during the dates of my pathology examinations. To answer this charge, I have reviewed the relevant medical records associated with my original reports including those made by myself and Dr. Singh. In forming my opinions, I have utilized the standard methodology of my practice as a pathologist, which includes conducting a differential diagnosis.

Summary of Opinions

After my review of the relevant materials, including my original reports, I offer the following opinions to a reasonable degree of medical and scientific certainty:

- Mr. Wolf suffers from ulcerative colitis.

John Wolf's Medical History

Mr. Wolf initially saw gastroenterologist Dr. Anil Singh, on June 15, 2012, presenting for a screening colonoscopy.[1] A colonoscopy was scheduled for August 28, 2012. Mr. Wolf's pre-procedure diagnosis was "Screening" and his post-procedure diagnosis was "Normal Colonoscopy." In the description of procedure, Dr. Singh noted that "the patient has mild ulcerative colitis throughout the colon. The patient did have some area of sparing of the colon in the rectum and sigmoid colon. Ulceration was superficial and was consistent with ulcerative colitis. Biopsies taken from ascending colon and sigmoid colon. The patient had no involvement of terminal ileum."

I personally examined the biopsies and prepared the Surgical Pathology Report from Mr. Wolf's August 28, 2012, colonoscopy. Based on my medical examination and expertise, I noted at that time: "Ascending colon biopsy: colonic mucosa with chronic inflammation and diffuse acute inflammation including acute cryptitis" and "sigmoid colon biopsy: colonic mucosa with chronic inflammation and diffuse acute inflammation including acute cryptitis." Furthermore, I observed: "The colon biopsies show chronic colitis with diffuse somewhat superficial activity. Additionally there is a prominent eosinophilic infiltrate. The differential diagnosis includes severe acute self-limiting colitis and inflammatory bowel disease (particularly ulcerative colitis). Please correlate with clinical and colonoscopic findings. No dysplasia is seen." I made this differential diagnosis using the method which is a standard and accepted practice for pathologists and in my specialty.

Mr. Wolf presented for his second colonoscopy on March 28, 2013. Pre-procedure diagnosis was "follow up ulcerative colitis" and post-procedure diagnosis was "ulcerative colitis." In his procedure report Dr. Singh noted that the colonoscope was "advanced up to the cecum. Cecum is identified by usual landmarks. The patient had ulcerative colitis. No active ulcerations were noted. Biopsy taken from the sigmoid colon for biopsy. Rest of exam is unremarkable."

As with the August 28, 2012 colonoscopy, I personally examined the biopsies and surgical slides and prepared the surgical pathology report from Mr. Wolf's March 28, 2013 colonoscopy. I noted at that time: "sigmoid colon biopsy: colonic mucosa with no significant pathologic changes."

Discussion of Differential Diagnosis

In performing a differential diagnosis, I look for specific patterns of inflammation—whether it is diffuse or patchy, whether it is superficial or deep, whether associated with granulomas or necrosis, and which portions of the colon are involved (this last information is usually provided by the endoscopist). Different disease entities tend to have distinct inflammatory patterns, although there is sometimes overlap. The endoscopist's impression is

[1] Medical Records of John Wolf. [Singh (02015666) 000007 – 000022; 666538-11GTMD-00001 - 00151; 666538-17GTMD-00001 – 12; 666538-6PCA-00001 - 10]

always valuable for the global inflammatory pattern, which might not be apparent from a few small biopsies.

Based on my clinical practice and extensive experience, ulcerative colitis is usually distinguishable from Crohn's disease. Ulcerative colitis is properly diagnosed by colonoscopy, with associated visualization of the colonic mucosa, and sampling of the tissue with biopsy specimens, which are interpreted by a pathologist. Proper diagnostic studies, as were performed in Mr. Wolf's case, can easily distinguish other conditions from ulcerative colitis.

This method is a standard and accepted practice for pathologists and in my specialty and I contemporaneously performed it at the time of my medical examinations in the present case. Based on this differential diagnosis process, I concluded on August 28, 2012 that Mr. Wolf was presenting with ulcerative colitis.

Conclusions and Summary

Ulcerative colitis is a chronic inflammatory disease of the gastrointestinal tract that affects the large intestine. Through my personal medical examination of the sigmoid colon biopsy, I made a diagnosis of ulcerative colitis. This diagnosis was contemporaneously documented by my report dated August 28, 2012. Based on Mr. Wolf's relevant medical records, my personal examination of the pathology on August 28, 2012 and March 28, 2013, my contemporaneously performed differential diagnosis, and all documents reviewed in preparation of my report, I stand by my original diagnosis and conclude to a reasonable degree of medical certainty that Mr. Wolf suffers from ulcerative colitis.

I reserve the right to amend or modify this report as further information may become available.

Date: Dec 8, 2014

By: _____ MD

Dr. Robert J. Herceg, M.D.

ATTACHMENT A

Curriculum Vitae

ROBERT J. HERCEG, M.D.

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PROFESSIONAL EXPERIENCE

1998 - 2000 St. Joseph's Hospital Parkersburg, WV

2000 - present Camden-Clark Memorial Hospital Parkersburg, WV

Associate Pathologist

POSTGRADUATE TRAINING

1992 - 1997 Northwestern University Chicago, IL
McGaw Medical Center

Resident in Pathology (AP/CP)

- Chief Resident, 1996 - 1997
- Credentialing (fifth) year in Cytology and Surgical Pathology
- Certified by American Board of Pathology (AP/CP, May 1998)

EDUCATION

1988 - 1992 University of Chicago Chicago, IL

Doctor of Medicine

- J. Harris Ward Fellowship

1984 - 1988 University of Chicago Chicago, IL

Bachelor of Science in Biological Chemistry

- Graduation with General Honors
- Argonne Scholarship
- National Merit Scholarship

CITIZENSHIP AND LICENSES

United States Citizen

Licensed Physician and Surgeon in West Virginia

PROFESSIONAL MEMBERSHIPS

American Society of Clinical Pathologists (Fellow)

College of American Pathologists (Fellow)

West Virginia State Medical Association

Parkersburg Academy of Medicine

ADDITIONAL PROFESSIONAL ACTIVITIES

ThinPrep Interpretation Training Seminar, 1999

CAP Laboratory Inspector Training Seminar, 2000

PUBLICATIONS, ABSTRACTS AND PRESENTATIONS

Herceg, R. J., Nayar, R. and Frias, D. V. S., Cytomorphologic Appearance of Follicular Dendritic-cell Tumor: A Case Report. *Diagn Cytopathol* 20: 237-240, 1999.

Herceg, R. J. and Peterson, L. R., Normal Flora in Health and Disease. In: Shulman, S. T., Phair, J. P., Peterson, L. R., Warren, J. R., eds. *The Biologic and Clinical Basis of Infectious Diseases*. 5th ed. Philadelphia: W. B. Saunders Co., 1997

Herceg, R. J., "Localized Endometrial Proliferations of Pregnancy." Presented at: Illinois Registry of Anatomic Pathology, Chicago, Illinois, November 1996.

REFERENCES

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ATTACHMENT B

List of Documents Relied On, Reviewed and/or Considered

Materials Relied On, Reviewed and/or Considered by Expert Robert J. Herceg

All materials referenced and/or discussed within the report are incorporated. In addition to the materials within the report, the other materials relied on, reviewed, and/or considered in the preparation of the expert report are as follows:

Documents
John Wolf medical records, Anil Singh, Bates No. Singh (02015666) 000007 – 000022