

C A N A D A

PROVINCE OF QUÉBEC
DISTRICT OF **MONTREAL**

N^o: **500-06-001201-223**

SUPERIOR COURT
(Class Action Division)

JADE CORBEIL

-and-

MERIEME HAMZI

Plaintiffs

v.

JOHNSON & JOHNSON

-and-

**KENVUE CANADA INC. (FORMERLY KNOWN AS
JOHNSON & JOHNSON INC.)**

Defendants

APPLICATION FOR LEAVE TO ADDUCE RELEVANT EVIDENCE
(Art. 574 CCP)

**TO THE HONORABLE JUSTICE ELENY YIANNAKIS, J.S.C., IN HER CAPACITY AS
CASE MANAGEMENT JUDGE OF THIS CLASS ACTION, THE DEFENDANTS
JOHNSON & JOHNSON AND KENVUE CANADA INC. (FORMERLY KNOWN AS
JOHNSON & JOHNSON) STATE THE FOLLOWING:**

I. INTRODUCTION

1. The Defendants hereby request leave to adduce relevant evidence, namely an affidavit of Dr. William Joseph Barbaresi, a developmental-behavioral pediatrician, along with documents referenced therein, to allow the analysis of Plaintiffs' *Amended 2 Application for Authorization to Institute a Class Action and to Appoint the Status of Representative Plaintiffs* (the "**Re-Amended Application**").
2. The Defendants respectfully submit that this evidence should be allowed as it is relevant, useful and necessary to verify whether the authorization criteria set out in article 575 C.C.P. are met, and as it fits within the parameters set out by this Court and the Court of Appeal of Québec in this regard.
3. This evidence will allow the Court to verify whether the facts alleged appear to justify the conclusions sought (art. 575(2) C.C.P.), whether the claims of the class members raise identical, similar or related issues of law or fact (art. 575(1) C.C.P.),

and whether the Plaintiffs can be appointed as class representatives in light of their alleged personal causes of action (art. 575(4) C.C.P.).

4. This evidence is reasonable, proportional, and is limited to what is necessary to verify those criteria, having regard to the allegations of the Re-Amended Application and the exhibits filed in support thereof.
5. This evidence demonstrates the implausibility or falsity of statements of opinion and conclusions in the Re-Amended Application, provides context around Plaintiff's evidence and the limits thereof, and assists this Court with the review of highly technical scientific studies and medical records.

II. THE PROPOSED CLASS ACTION

6. By way of the Re-Amended Application, the Plaintiffs, Ms. Jade Corbeil and Ms. Merieme Hamzi, seek to represent the following putative class (the "**Class**"):

All parents in Quebec (including any deceased parent and/or their estate) with a child whose biological mother regularly ingested during the pregnancy (a) Tylenol or (b) any other product(s) of the Defendant(s) containing acetaminophen alone or in combination with other medications, as listed below (hereinafter collectively referred to as the "**Products**") where the said child then developed autism spectrum disorder (**ASD**) or attention deficit hyperactivity disorder (**ADHD**);

and

All children in Quebec (including any deceased child and/or their estate) with a parent who falls within the class definition above and who developed autism spectrum disorder (**ASD**) or attention deficit hyperactivity disorder (**ADHD**) (or such similar class definition as may be prescribed by the Court).

The PRODUCTS include, but are not necessarily limited to:

TYLENOL Rapid Release Gels
TYLENOL Extra Strength
TYLENOL Liquid Gels
TYLENOL Regular Strength
TYLENOL Ultra Relief
TYLENOL Muscle Aches & Body Pain
TYLENOL Back Pain
TYLENOL Arthritis Pain
TYLENOL Nuit Extra Fort
TYLENOL Body Pain Night
TYLENOL Complete Cold, Cough & Flu
TYLENOL Complete Cold, Cough & Flu Plus Mucus Relief Liquid Gels

TYLENOL Complete Cold, Cough & Flu Plus Mucus Relief Syrup
TYLENOL Complete Cold, Cough & Flu Plus Mucus Relief Nighttime Syrup
TYLENOL Cold
TYLENOL Cough
TYLENOL Flu
TYLENOL Cold & Sinus
TYLENOL Sinus,

as appears from the Re-Amended Application, at para. 1.

7. Plaintiffs allege that prenatal exposure of mothers to the Products causes their children to develop ASD or ADHD, or that it contributes to, or materially increases such risk, and that the Defendants breached their duty to warn of such alleged risks.
8. In support of these allegations, the Plaintiffs filed excerpts from their medical records and a selection of scientific literature and other articles which purport to support their theory of the case.

III. THE EVIDENCE THAT THE DEFENDANTS SEEK TO ADDUCE

9. As appears from the Application, the Plaintiffs have put their respective alleged medical condition and that of their children at issue herein. In fact, these allegations are at the heart of the present matter and purportedly constitute one of the common features of the proposed class.
10. In particular, each Plaintiff alleges that “the damages suffered by the Applicant and her son are a direct and proximate result of the Defendants’ conduct failing to warn about the risks of prenatal exposure to Tylenol”, as appears from the Re-Amended Application, at paras. 68 and 81.
11. The Plaintiffs initially did not file any medical records in support of those allegations.
12. After repeated requests from the undersigned counsel, excerpts of Plaintiff’s and their respective children’s medical and pharmaceutical records were communicated to the Defendants (collectively the “**Medical Records**”). Plaintiffs later filed a selection of excerpts from their medical records as exhibits to the Re-Amended Application, on or around November 11, 2025, more than three years after the filing of the initial *Application for Authorization to Institute a Class Action and to Appoint the Status of Representative Plaintiffs*, as appears from the Court record.
13. The Medical Records communicated to the Defendants herein and filed in evidence are partly handwritten and contain specialized medical terms and acronyms, making entire sections unreadable for non-experts.
14. As further expounded below, the Defendants seek leave to file an affidavit from Dr. Barbaresi, a developmental-behavioral pediatrician, along with excerpts of

Plaintiff's medical records that do not currently form part of the record and other selected documents referenced in Dr. Barbaresi's affidavit.

15. The Defendants respectfully submit that this evidence they seek leave to adduce is thus not only useful, but in fact, necessary to this Court's analysis in order to determine whether the criteria of Article 575 (2) and (4) CCP are met herein.

A. The Affidavit of Dr. Barbaresi

16. Dr. Barbaresi is the Chief of the Division of Developmental Medicine at Boston Children's Hospital and a Professor of Pediatrics at Harvard Medical School. His research focuses on the epidemiology of ADHD, autism, learning disabilities, and associated comorbidities, and he is a leading expert on those topics, as appears from his affidavit and his CV, appended as Schedule A thereto, communicated herewith, *en liasse*, as **Exhibit R-1 (UNDER SEAL)**.
17. The affidavit of Dr. Barbaresi seeks to assist the Court's analysis of the authorization criteria set out at Articles 574 and 575 (1), (2) and (4) CCP by providing, from the perspective of a developmental-behavioural pediatrician:
 - a) an overview of the neurodevelopmental disorders at issue in the proposed class action, i.e. ASD and ADHD, and the current state of scientific knowledge regarding the interplay of genetic, environmental, and neurological factors that can contribute to their development, as background for his review of the Plaintiffs' medical records;
 - b) an explanation of whether any of the evidence filed by the Plaintiffs (Exhibits P-2 to P-8, P-11 and P-12) establishes or even claims to establish, a causal relation between birth mother's use of acetaminophen during pregnancy and a later diagnosis of ASD or ADHD in her child;
 - c) a summary and explanation of the contents of Plaintiffs' medical records and of the key findings therein.
18. Dr. Barbaresi clearly understands that, at this stage of the proceedings, his opinion can only cover uncontroversial principles generally accepted in the field of neurodevelopment, and that it must be based on the materials filed or communicated by the Plaintiffs. He prepared his affidavit accordingly.
19. His affidavit does not raise any scientific debate and does not discuss his reservations about the validity and reliability of the exhibits filed by the Plaintiff. Rather, his affidavit seeks to explain what certain exhibits do (or do not) report, and it contextualize the content of those technical exhibits to assist the Court in the analysis of the authorization criteria.
20. With respect to the first topic, Dr. Barbaresi notably concludes as follows:
 - a) Both ADHD and ASD have clearly been demonstrated to be primarily due to genetic risk;

- b) Other factors that are associated with disruption of brain development are also associated with ASD. For example, in utero infections with cytomegalovirus and premature birth are associated with increased risk for neurodevelopmental disorders, including ASD; and
 - c) Environmental factors such as prenatal exposure to infection or early life stress are also associated with childhood ADHD.
21. This evidence is relevant to the analysis of whether the proposed common issues are, in fact common (art. 575(1) C.C.P.) as well as to the analysis of whether the facts alleged appear to justify the conclusions sought (art. 575(2) C.C.P.) and of the Plaintiffs' personal cause of action (art. 575(4) C.C.P.).
22. As regards his review of the studies filed by Plaintiffs as Exhibits P-2 to P-8, P-11 and P-12, Dr. Barbaresi notably concludes as follows:
- a) None of the studies filed by Plaintiffs – or any other study to date – demonstrate that acetaminophen use by mothers during pregnancy *actually causes* ASD or ADHD in their children;
 - b) The authors of the studies filed by Plaintiffs emphasize that existing studies were not designed to determine causation and that the available evidence is insufficient to conclude that acetaminophen use during pregnancy causes ASD or ADHD, as appears from Plaintiff's Exhibits P-2 to P-8, P-11 and P-12, and from corrective or clarifying statements published by the authors of those studies, referenced at footnote 13 of Dr. Barbaresi's Affidavit;
 - c) The most recent statement on this topic by the Society of Obstetricians and Gynaecologists of Canada ("**SOGC**") dated September 12, 2025:
 - i) still "recommends the use of acetaminophen as a first-line therapeutic option for fever and pain in pregnancy when medically indicated at recommended doses for the shortest duration required";
 - ii) notes that "the evidence for causality is weak and that the results of the studies claiming a causal link should not alter current clinical practice"; and
 - iii) concludes that "[r]ecent findings provide further support that acetaminophen does not increase risks in pregnancy";
 - d) Those findings are consistent with the September 2025 statement by Health Canada filed by Plaintiffs as Exhibit P-10.
23. In doing so, Dr. Barbaresi's affidavit does not raise a scientific debate, and does not seek to introduce additional studies published by other authors to contradict Plaintiffs' allegations and exhibits. Rather, it explains the findings and limits of the studies filed by Plaintiffs, and in particular the limits acknowledged by the authors of such studies.

24. It also contextualizes those studies and their impact, or lack thereof, on current prescribing guidelines as regards the use of acetaminophen in pregnant women. This is particularly relevant as Plaintiffs allege, without any supporting evidence, that this “new research” has altered physicians’ prescribing decisions with respect to acetaminophen use during pregnancy, at paragraph 29 of the Re-Amended Application.
25. Finally, based on Dr. Barbaresi’s review of the Medical Records, the Re-Amended Application, the responses to the written examinations of the Plaintiffs and his expertise as a developmental-behavioural pediatrician and a practicing clinician, he notably concludes as follows with respect to Plaintiffs’ personal cause of action and the most likely cause of their respective children’s neurodevelopmental disorders:
 - a) with respect to Plaintiff Jade Corbeil and her son Cedric Rousseau:
 - i) the family history is notable for the presence of both ADHD and ASD in close family members, including Cedric’s mother, maternal grandmother and siblings;
 - ii) this family history is indicative of high genetic risk for both ADHD and ASD in Cedric’s family, making a genetic etiology the most likely cause for Cedric’s ADHD and ASD to a high degree of medical certainty;
 - b) with respect to Plaintiff Merieme Hamzi and her son Ziyad Bousseham:
 - i) Ms. Hamzi’s pregnancy was complicated by gestational diabetes mellitus, which some research has suggested is associated with an increased risk for autism, and treatment with venlafaxine;
 - ii) no genetic testing has been conducted on Ziyad;
 - iii) no family members have been diagnosed with ADHD or ASD;
 - iv) the absence of formal diagnosis of neurodevelopmental disorders such as ADHD or ASD is not, in and of itself, proof of an absence of these conditions in family members, and this is particularly true for people raised in countries or cultures in which neurodevelopmental disorders may not routinely be diagnosed;
 - v) the information and records available at this stage of the proceedings do not provide the detailed information about mental health, educational attainment, behavior, and other issues that would be required in order to determine if members of Ziyad’s family may have been affected by neurodevelopmental disorders such as ADHD.
26. In providing this opinion, Dr. Barbaresi takes the Medical Records and Plaintiffs’ answers to the written examination at face value for the present purposes, and

simply highlights the key information found therein, so as to allow this Court to assess whether:

- a) the Plaintiffs' respective personal situations, which serve as test cases for at the authorization stage, demonstrate that maternal use of acetaminophen during pregnancy can cause ASD or ADHD – i.e. whether the Plaintiffs have shown an arguable case (art. 575(2) C.C.P.); and
 - b) the Plaintiffs are in a position to adequately represent the class (art. 575(4) C.C.P.).
27. Dr. Barbaresi's comments regarding the Plaintiffs' respective personal situations and of the etiology of their children's alleged neurodevelopmental disorders also exemplify the challenges that this Court may face in attempting to answer Plaintiffs' first proposed common issue, namely "can prenatal exposure to the Products cause, contribute to or materially increase the risk of causing their children to develop [ASD] or [ADHD]?", which is relevant to the analysis of whether the proposed class action raises issues that can significantly advance the claims of all class members (art. 575(1) C.C.P.).

B. Documents Referenced in Dr. Barbaresi's Affidavit

28. As a complement to Dr. Barbaresi's affidavit, the Defendants seek to adduce in evidence the following documents referenced therein:
- a) corrective or clarifying statements published by the authors of the studies and articles filed by Plaintiffs as exhibits regarding the limitations of the studies and their findings, referenced at footnote 13 of Dr. Barbaresi's Affidavit, namely:
 - i) Masarwa R. *et al.* Acetaminophen use during pregnancy and the risk of attention deficit hyperactivity disorder: A causal association or bias? *Paediatric and Perinatal Epidemiology* Volume 34, Issue 3 pp. 309-317 (2020), communicated herewith as **Exhibit R-2A**;
 - ii) Bérard A, *et al.* Systematic Review and Meta-Analysis: Acetaminophen Use During Pregnancy and the Risk of Neurodevelopmental Disorders in Childhood, *Journal of the American Academy of Child & Adolescent Psychiatry*; 65, 484-504 (2025), communicated herewith as **Exhibit R-2B**;
 - iii) Ghorayshi, A. *Trump Issues Warning Based on Unproven Link Between Tylenol and Autism*, *The New York Time*, September 22, 2025, communicated herewith as **Exhibit R-2C**;
 - iv) Brown, Carolyn, *Is paracetamol in pregnancy a risk factor for ADHD?*, *Nature*, January 21, 2026, communicated herewith as **Exhibit R-2D**;

- v) Winny, A., *Understanding the Evidence on Pregnancy, Tylenol, and Autism*. Johns Hopkins Bloomberg School of Public Health, October 7, 2025, communicated herewith as **Exhibit R-2E**;
 - b) the consensus statement of the SOGC titled “SOGC Position Statement on the use of Acetaminophen for Analgesia and Fever in Pregnancy” and dated September 12, 2025, communicated herewith as **Exhibit R-3**; and
 - c) excerpts of Plaintiffs’ medical records provided by the Plaintiffs but not filed in support of the Re-Amended Application and which were reviewed by Dr. Barbaresi and forming the basis of his expert affidavit and the conclusions therein, communicated herewith as **Exhibit R-4, en liasse (UNDER SEAL)** for Plaintiff Jade Corbeil and her son Cedric Rousseau and **Exhibit R-5 en liasse (UNDER SEAL)** for Plaintiff Merieme Hamzi and her son Ziyad Boussselham.
29. This evidence is a necessary complement to the affidavit of Dr. Barbaresi and, as discussed above, it is uncontroversial, does not introduce a scientific debate, and is proportionate and limited to what is necessary to allow an adequate analysis of the authorization criteria.

FOR THESE REASONS, MAY IT PLEASE THE COURT TO:

GRANT the Defendants’ Application for leave to adduce evidence;

AUTHORIZE the Defendants to file Exhibits R-1 to R-5;

THE WHOLE without costs, unless this Application is contested.

Montréal, May 29, 2026



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**DEFENDANTS' APPLICATION FOR LEAVE TO
ADDUCE RELEVANT EVIDENCE
(ART. 574 CCP)**

ORIGINAL

M^{tre.} Ariane Bisaillon

M^{tre.} Anthony Cayer

BB-8098

The logo for the law firm Blakes, featuring the word "Blakes" in a stylized, cursive script.

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