FILED

NOV 19 2014

BRIAN R. MARTINOTTI, J.S.C.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: BERGEN COUNTY

IN RE Stryker Rejuvenate & ABG II

Modular Hip Implant LITIGATION

CASE NO. 296
MASTER DOCKET NO. BER-L-936-13

CIVIL ACTION

ORDER REGARDING REGISTRATION OF CASES AND CLAIMS

This Matter having been assigned to the Honorable Brian R. Martinotti, J.S.C. pursuant to the Supreme Court's Order of January 24, 2013, designating this matter for Multicounty Litigation Status ("MCL") of Stryker Rejuvenate & ABG II Modular Hip Implant Litigation (hereinafter referred to as "Stryker") [a Multidistrict Litigation ("MDL") pending before the Honorable Donovan W. Frank, USDJ], and the Court having conducted a conference on November 3, 2014 during which an overview of the proposed private settlement of certain Stryker Rejuvenate Modular and ABG II Modular Hip Stem cases was discussed and then placed on the record, and in furtherance of the private Settlement Agreement, the following order is hereby entered:

IT IS on this 13th day of November 2014,

ORDERED

1. In order for this Court, the cooperating Multidistrict Litigation (MDL Docket No. 13-2441), and any other cooperating courts to manage this litigation, as well as to assist the parties to effectuate the provisions of the private Settlement Agreement, it is necessary to identify all filed and unfiled claims relating to the ABGII Modular Neck Hip Stem or the Rejuvenate Modular Neck Hip Stem ("Affected Products") (such claims, the "Affected Product-related claims").

2. Counsel for any Affected Product-related case pending in this Court and/or counsel who have any clients who have claims, filed or unfiled, connected with the Affected Products, shall (i) identify all clients with filed and unfiled Affected Product-related claims, whether or not involving a revision surgery, and regardless of the client's ultimate decision regarding enrollment in the Settlement Program, (ii) provide the information for each such client as set forth on the Registration Declaration and Registration List, including identifying all Interested Counsel in each filed case or unfiled claim and (iii) designate the Primary Law Firm and contacts as described below. The Registration Declaration for represented and unrepresented claimants and the form of Registration Lists, and example of which is attached hereto as Exhibit "A," will be made available through the Claims Processor, The Garden City Group, Inc.

3. Obligations of Counsel:

a. Designation of Principal Responsible Attorney: The registration of each filed case pursuant to this Order must designate the Principal Responsible Attorney and legal assistant for that case. The Principal Responsible Attorney so designated shall be jointly identified by the Primary Law Firm and Interested Counsel by name, state bar number, business address, and email address.

b. Designation of Primary Law Firm: For each filed case pending in either state or federal court, there must be a single designation of a Primary Law Firm. The Primary Law Firm must also identify all of the clients in which they are the Primary Law Firm by serving a list of all filed Affected Product-related claims - whether revised or unrevised - in which such law firm, or any attorney at such law firm, is the Primary Law Firm as of the date of this Order.

c. Completion and Service of Registration List: The Primary Law Firm representing clients with claims involving the Affected Products must prepare a Registration Declaration and Registration List, identifying all such clients as set out below in 3(B) and 3(C). To obtain a copy of the Registration Declaration and Registration List, go to the Claims Processor website, www.StrykerModularHipSettlement.com, click on the "Registration" tab and follow the instructions. Beginning November 14, 2014, the completed Registration Declaration and Registration List shall be submitted to the Claims Processor (as formatted for the accurate and efficient transfer of the required information) no later than December 14, 2014. To submit these materials, go to www.StrykerModularHipSettlement.com, click the "Registration Button" and follow the upload instructions. **NOTE:** WHILE REGISTRATION IS MANDATORY PURSUANT TO THIS COURT ORDER, UPLOADING THE REGISTRATION DECLARATION AND REGISTRATION LIST ON THE CLAIM PROCESSOR'S WEBSITE IN NO WAY SIGNIFIES A CLAIMANT'S COMMITMENT OR INTENT TO ENROLL IN THE SETTLEMENT PROGRAM. NOR DOES IT SATISFY A CLAIMANT'S ENROLLMENT REQUIREMENTS OR ELIGIBILITY TO RECEIVE BENEFITS UNDER THE SETTLEMENT PROGRAM.

d. Information to be Provided Regarding Each Filed Case: For each filed case, the Primary Law Firm shall identify on the Registration List all cases that are filed in these proceedings or in any other federal or state court or tribunal in the United States in which they serve as the Primary Law Firm as of the date of this Order, and provide the case and claim related information as set forth on the form Registration List.

e. Information to be Provided Regarding Each Unfiled Claim: The Primary Law Firm shall identify on the Registration List all unfiled claims relating to the Affected Products, whether or not involving a revision surgery, in which counsel has any interest, and shall include certain basic information about each claim as set forth on the required form.

f. The Primary Law Firm shall declare on the Registration Declaration under oath that (i) all filed cases and unfiled claims in which they are the Primary Law Firm are identified on the Registration List, (ii) all Interested Counsel are identified, and (iii) that the claim-related information is accurate and complete. Counsel shall further certify under oath that they have verified that all cases in which they have an Interest are, or will be, identified on other Registration Lists submitted by another Primary Law Firm.[1] If there is any claim related to the Affected Products for any plaintiff or claimant - whether filed or unfiled, or whether or not involving a revision surgery - in which an attorney bound by this Order has an interest and believes is not, or will not be, listed on any Registration List submitted by any other Primary Law Firm, then such attorney shall include the plaintiff or unfiled claimant on his or her Registration List with the information specified in paragraphs 3(B) and 3(C) above, and shall state "No Primary Law Firm Designated."

g. Due Date for Service of Registration List: Registration will open on November 14, 2014. The Registration Declaration and Registration List shall be served on the Claims Processor as specified above no later than December 14, 2014.

[1] For purposes of registration, an electronic signature denoted by "s/" is considered as binding as an original signature pursuant to FRCP 5(d)(3).

h. Updates Regarding Change in Status: The Primary Law Firm shall serve an updated Report regarding any change in status of any Plaintiff or Unfiled Claimant identified on their Registration List. The updated Report shall be in the form set by the Claims Processor, and shall include changes in status to both unrevised plaintiffs and Unfiled Claimants and plaintiffs and Unfiled Claimants with subsequent additional revision surgeries. The Report shall be updated on June 1 and November 1 of each calendar year following the service of the initial Registration List, and shall be served on the Claims Processor who will promptly distribute to Stryker and the Settlement Oversight Committee ("SOC"). The updating requirement shall cease upon June 1, 2016.

4. Pro Se Plaintiffs and Unrepresented Claimants: All persons who represented themselves *pro se* in proceedings relating to the Affected Products and all Unrepresented Claimants with unfiled claims relating to the Affected Products (collectively "*Pro Se* Plaintiffs and Claimants") shall complete the Registration Declaration. The Declaration is available by going to the Claims Processor website, www.StrykerModularHipSettlement.com, clicking on the "Registration" tab and following the instructions. Starting November 14, 2014, the completed Registration Declaration shall be submitted to the Claims Processor (as formatted for the accurate and efficient transfer of the required information) no later than December 14, 2014. To submit these materials, go to www.StrykerModularHipSettlement.com, click the "Registration" tab and follow the upload instructions. If the *Pro Se* Plaintiff Claimant is not able to submit the forms electronically, s/he shall send the Registration Declaration via U.S. mail postmarked no later than December 14, 2014: Stryker Modular Hip Settlement, c/o GCG, PO Box 10130, Dublin, OH 43017-3130. **NOTE:** WHILE REGISTRATION IS

MANDATORY PURSUANT TO THIS COURT ORDER, UPLOADING THE REGISTRATION DECLARATION AND REGISTRATION LIST ON THE CLAIM PROCESSOR'S WEBSITE IN NO WAY SIGNIFIES A CLAIMANT'S COMMITMENT OR INTENT TO ENROLL IN THE SETTLEMENT PROGRAM. NOR DOES IT SATISFY A CLAIMANT'S ENROLLMENT REQUIREMENTS OR ELIGIBILITY TO RECEIVE BENEFITS UNDER THE SETTLEMENT PROGRAM.

5. Changes In Information:

a. Changes in Information Regarding Attorney or Represented Status Information: The Primary Law Firm shall serve written notice of any changes to the information provided on the Registration List, including but not limited to the acquisition or loss of Primary Law Firm status for the case, any change in information for the Primary Law Firm, the Principal Responsible Attorney, or administrative contact for the case, any change in designation of Primary Law Firm status for any case previously listed as "No Primary Law Firm Designated," and any other change of any information verified under oath. If the change is a loss of Primary Law Firm status or loss of an Interest in the case, the notice shall also identify the name of the attorney and/or law firm, telephone number, email, business address of the new representative for the Plaintiff or Unfiled Claimant or, if none, an affirmation of the Plaintiff or Unfiled Claimant's *pro se* status and the telephone number, email and address for the Plaintiff or Unfiled Claimant. Such written notice must specify the changed circumstances and be served within thirty (30) days of such change upon the Claims Processor. This obligation shall terminate on June 1, 2016.

b. *Pro Se* Plaintiffs and Unrepresented Claimants: All *Pro Se* Plaintiffs and Unrepresented Claimants shall serve written notice of any changes to the information provided on the Registration List, including but not limited to any change regarding contact information or the subsequent retention of counsel. If the change of information is the retention of counsel, the *Pro Se* Plaintiff or Claimant shall provide the attorney name, address, telephone number and email address for counsel. Such written notice must specify the changed circumstances and be served with thirty (30) days of such change upon the Claims Processor. This obligation shall terminate on June 1, 2016.

6. Enforcement: All Counsel and *Pro Se* Plaintiffs and Unrepresented Claimants are required to comply with this Order. Failure to meet the requirements of this Order will subject non-compliant parties and counsel to a show cause hearing as to the reason for such failure and may subject such party or counsel to penalties at the Court's discretion.

7. Compliance With Court Orders: Pursuant to the Settlement Agreement, all plaintiffs and Unfiled Claimants, whether represented or unrepresented by counsel, who elect to participate in the Settlement Program agree to abide by any Orders of the court in which the case is filed or, if it is an unfiled claim, by the MDL Court proceeding in furtherance of the Settlement Agreement, including the Order Aiding Private Settlement issued by this Court or MDL Pretrial Order No. 24, as applicable.

8. Joint Database: The Claims Processor shall maintain a database of all cases and claims identified pursuant to this Order as set forth in further detail in the final Settlement Agreement.

9. Cooperation With Other Jurisdictions: This Order is entered in conjunction with coordinated proceedings pending in the MDL (MDL Docket No. 13-2441). It is the intention of this Court to work in cooperation with the MDL Court and any other participating courts in a manner that promotes judicial economy and that secures as complete a registration of all claims and potential claims as possible, for use amongst the cooperating courts and their leadership counsel. It is also the intention of this Court to work in cooperation with any other state court or tribunal in which claims relating to the Affected Products are pending. If there is any dispute concerning the implementation of this Order, this Court will coordinate conferral among the Courts for resolution of the issue, consistent with the law of the various jurisdictions.

BRIAN R. MARTINOTTI, J.S.C.

EXHIBIT A

EXHIBIT A TO ORDER REGARDING REGISTRATION OF CASES AND CLAIMS

A. Introduction

Welcome to the ABG II Modular Neck Hip Stem and Rejuvenate Modular Neck Hip Stem Registration Process. This Excel file is required for the submission of information in compliance with the Order Regarding Registration of Cases and Claims ("Registration Order"). You must complete both the "Designation & Certification" and "Claimant List" worksheets. The "Designation & Certification" worksheet is for the entry of information about you if you are unrepresented by an attorney, or, if you are an attorney, your law firm, Primary Responsible Attorney, and Secondary Administrative Contact. This worksheet also includes the certifications required by the Registration Order. The "Claimant List" worksheet is for you to list information about yourself and the applicable ABG II Modular Neck Hip Stem and/or Rejuvenate Modular Neck Hip Stem (the "Affected Products"), or about all recipients of the Affected Products for which you are a Principal Responsible Attorney. The "Instructions" worksheet contains instructions for how to complete the "Claimant List" worksheet. To access these worksheets, click on the tabs containing the title of the worksheet, which are located at the bottom of this screen.

If you have any questions or encounter any problems, you may contact the Claims Processor by email at claimsprocessor@StrykerModularHipSettlement.com or by calling their toll-free hotline at 1-855-382-6404.

B. Instructions on Using the Spreadsheet

1.	To ensure consistency, the Claims Processor has limited the responses to certain questions. For these questions, the Claims Processor has identified the permitted responses in a drop-down menu. To view and select the permitted responses, click on the button on the right of the cell with a down-arrow symbol. A button with a down-arrow symbol will appear to the right of the data entry cell when your cursor is located within the cell. If you enter a response that is not in the drop-down menu, you will receive an error message.
2.	Some of the data entry cells require data to be entered in a pre-defined format. For instance, you must enter dates as MM/DD/YYYY. You must enter Social Security Numbers without dashes and non-numeric characters. If you enter a response that is not in the correct format, you will receive an error message which prompts you to enter a valid response.
3.	You can access the "Instructions" worksheet by clicking on the column header for each individual column of the "Claimant List" worksheet. This will link to the specific instruction on the "Instructions" worksheet, where you can link back to that column to complete the data entry.

C. Definitions

1.	"Affected Product" means the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem.
2.	"Counsel" as used herein means, with respect to any particular Person, a lawyer and/or law firm who represents such Person pursuant to a written agreement, or who has an Interest in such Persons' claim Related to the Affected Products.
3.	"Interest" as used herein shall mean any interest in any claims Related to the Affected Products, whether revised or unrevised, in which counsel: (i) has an engagement or retainer agreement with such claimant; (ii) is listed as the counsel of record for a Plaintiff in any filed pleadings Related to the Affected Products; (iii) has entered an appearance for such Plaintiffs; (iv) would benefit directly or indirectly from any payment to settled any claim of such Plaintiff or Claimant in connection with the Affected Products; or (v) otherwise has any financial interest of any kind whatsoever in any claim relating to the Affected Products.
4.	"Interested Counsel" as used herein means any Counsel with an Interest in a Person, or in a claim or case of a Person who has a Claim, filed or unfiled, Related to the Affected Products. Interested Counsel and the Primary Law Firm shall jointly be responsible for compliance with any Court Orders.

5.	"Legal Representative" means, as to any particular natural person (including a deceased natural person), the estate, executor, administrator, guardian, conservator or other legal representative thereof.
6.	"Primary Law Firm" as used herein shall mean a single designated law firm primarily responsible for obligations relating to the Final Settlement Agreement and compliance with the Court Orders entered in the jurisdiction in which the case is pending. Such designation shall be included on the Registration Declaration and the Registration List. The Registration Declaration shall also include the law firm telephone number, business address, and names and emails of the Principal Responsible Attorney and an administrative contact at the law firm who will be handling the case.
7.	"Person" means a natural person, partnership (whether general or limited), limited liability company, trust, estate, association (including any group, organization, co-tenancy, plan, board, council or committee), corporation, Governmental Authority, custodian, nominee or any other individual or entity (or series thereof) on its own or any representative capacity, in each case, whether domestic or foreign.
8.	"Principal Responsible Attorney" as used herein shall mean the single attorney jointly identified by the Primary Law Firm and Interested Counsel by name, state bar number, business address, telephone number, and email address, who will be primarily responsible to provide notice to the Court and for day-to-day communications and activities Related to the obligations of those cases identified on the Registration List submitted with each Registration Declaration of the Primary Law Firm relating to the Final Settlement Agreement and compliance with any of the Court Orders entered in the jurisdiction in which the case is pending.
9.	"Related to the Affected Products" as used herein means to any extent, or in any way arising out of, relating to, resulting from and/or connected with the implantation, use and/or removal of the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem and/or any injury, losses, or damages caused or claimed to have been caused, in whole or in part, by any such Affected Product and/or revision to remove the Affected Products.
10.	"Revision Surgery" as used herein and for purposes of Registration, means a surgery subsequent to the Index Surgery to remove the stem and neck components of the ABG II Modular Neck Hip Stem and/or Rejuvenate Modular Neck Hip Stem.
11.	"Unfiled Claim" as used herein means a claim not yet filed as a lawsuit (such claimant an "Unfiled Claimant").

SETTLEMENT PROGRAM REGISTRATION CERTIFICATION OF REGISTRANT		
A. PRIMARY LAW FIRM DESIGNATION		
1. Law Firm Name		
2. Business Address	(a) Street	
	(b) City	
	(c) State	
	(d) Zip Code	
3. Telephone Number		
4. Fax Number		
B. PRINCIPAL RESPONSIBLE ATTORNEY CONTACT INFORMATION		
5. First Name		
6. Last Name		
7. Position at Firm		
8. State Bar Number		
9. Email Address		
10. Direct Telephone Number		
C. SECONDARY ADMINISTRATIVE CONTACT INFORMATION		
11. First Name		
12. Last Name		
13. Position at Firm		
14. Email Address		
15. Direct Telephone Number		
D. UNREPRESENTED CLAIMANT CONTACT INFORMATION		
16. First Name		
17. Last Name		

18. Home Address	
19. Email Address	
20. Telephone Number	

E. CERTIFICATION

I make this certification pursuant to the following order(s), and any amendments thereto (check all that apply where your clients have cases pending):

	Order Regarding Registration of Cases and Claims on November 10, 2014 by the Superior Court of New Jersey Law Division: Bergen County, Master Docket No. BER-L-936-13
	Case Management Order No. 25 entered on November 10, 2014 by the United States District Court for the District of Minnesota in Master Docket No. MDL-13-2441.

** For any claimant with a case pending in a state court that is not one of the Coordinated Proceedings in New Jersey or the District Court for the District of Minnesota, or for any claimant who does not have a case pending in any court, check that you are making this Certification pursuant to the MDL Pre-Trial Order No. 25.

As required by the Order referenced above, I hereby certify that the Registration List served with this certification provides accurate and complete claim-related information as applicable, in compliance with the Order Regarding Registration of Affected Product-Related Cases and Claims. To the extent that I am an attorney, I certify that the Registration List served with this certification also identifies all filed cases and unfiled claims in which my firm is the Primary Law Firm and identifies all Interested Counsel for each filed case or unfiled claim.

21. Signature of Registrant[1]	
22. Date Signed	

[1] An electronic signature denoted by "s/" is considered as binding as an original signature pursuant to FRCP 5(d)(3).

A. DEMOGRAPHIC INFORMATION FOR CLAIMANTS										
	This field is optional.	Enter the name of the claimant in these columns.			Enter nine numbers only. Do not enter dashes.	Enter date in this format: MM/DD/ YYYY	Enter the information regarding whether the claimant is a U.S. Citizen or U.S. Legal Resident and the claimant's current street address, city and state of residence.			
	1. Unique ID Assigned by Law Firm	**2. Last Name**	**3. First Name**	**4. Middle Name or Initial**	**5. Social Security Number**	**6. Date of Birth**	**7. U.S. Citizen or U.S. Legal Resident (Yes/No)**	**8. Street Address**	**9. City**	**10. State**
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

	B. LEGAL REPRESENTATIVE INFORMATION				
	If you answer No to this question, do not answer questions 12-13	If you answered Yes to Question 11, enter the information requested regarding the Legal Representative of the Claimant. (These cells will turn black to indicate when you should not enter information.)			
	11. Does the Claimant have a Legal Representative (Yes/No)	**12. Legal Representative's Last Name**	**13. Legal Representative's First Name**	**14. Legal Representative's Middle Name or Initial**	**15. Reason for Legal Representative (Deceased Claimant/Incompetent Claimant)**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

C. LAWSUIT INFORMATION					
	If you answer Unfiled Claim to this Question, do not answer Questions 17-20	If you entered Filed Case for Question 16, enter the information requested regarding each current lawsuit related to the Affected Products. (These cells will turn black to indicate when you should not enter information.)			
	16. Is there a Filed Case, or is the Claim Unfiled? (Filed Case/Unfiled Claim)	**17. Case Caption**	**18. Case Number**	**19. Current Venue of Court Case (See Drop-down list for options)**	**20. Other State Court**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

D. SPOUSAL INFORMATION					
	If you answer No to this question, do not answer Questions 22 - 23.	If you answered Yes to Question 21, enter the requested information in these columns, including the name of the claimant's spouse. (These cells will turn black to indicate when you should not enter information.)			
	21. Is the Claimant Married? (Yes/No)	**22. Has the Claimant Filed a Lawsuit with Spouse? (Yes/No)**	**23. Spouse's Last Name**	**24. Spouse's First Name**	**25. Spouse's Middle Name or Initial**
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

E. LEFT HIP IMPLANT SURGERY INFORMATION								
	If you answer No to this question, do not answer Questions 27-40	Enter date in this format: MM/DD/YYYY	Enter hospital where Affected Product was implanted	Select either ABG II or Rejuvenate	Select either Yes or No	Enter date in this format: MM/DD/YYYY		Select either Yes or No
	26. Did the Claimant Have an Affected Product Implanted in His/Her LEFT Hip? (Yes/No)	**27. Date of Left Hip Implant Surgery**	**28. Place of Left Hip Implant Surgery**	**29. Left Hip Product (ABG II/ Rejuvenate)**	**30. Did the Claimant Undergo a Revision Surgery Involving the Left Hip Implant?**	**31. Date of Left Revision # 1**	**32. Date of Left Hip Revision # 2**	**33. Is the Claimant Scheduled for a Revision of the Left Hip Implant?**
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

F. ADDITIONAL TREATMENT FOR LEFT HIP							
	Select either N/A or number 1-5		Select either Yes or No				
	34. If the Claimant Underwent a Surgery After the Revision Surgery on the Left Hip, Indicate the Number of Surgeries.	**35. If the Claimant Experienced a Dislocation of the Left Hip After the Left Hip Revision Surgery, Indicate the Number of Dislocations.**	**36. Has the Claimant Been Diagnosed with an Infection in the Left Hip After Revision or a Follow Up Surgery on the Left Hip?**	**37. Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for or Within 72 Hours of the Revision or a Follow Up Surgery of the Left Hip?**	**38. Has the Claimant Been Diagnosed with a Stroke During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Left Hip?**	**39. Has the Claimant Been Diagnosed with a Myocardial Infarction (Heart Attack) During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Left Hip?**	**40. If the Answer to Question 15 was "Deceased Claimant," are You Claiming that the Claimant's Death was Caused by the Revision or Follow Up Surgery of the Left Hip?**
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

G. RIGHT HIP IMPLANT SURGERY INFORMATION								
	If you answer No to this question, do not answer Questions 42-55	Enter date in this format: MM/DD/YYYY	Enter hospital where Affected Product was implanted	Select either ABG II or Rejuvenate	Select either Yes or No	Enter date in this format: MM/DD/YYYY		Select either Yes or No
	41. Did the Claimant Have an Affected Product Implanted in His/Her <u>RIGHT</u> Hip? (Yes/No)	**42. Date of Right Hip Implant Surgery**	**43. Place of Right Hip Implant Surgery**	**44. Right Hip Product (ABG II/ Rejuvenate)**	**45. Did the Claimant Undergo a Revision Surgery Involving the Right Hip Implant?**	**46. Date of Right Hip Revision # 1**	**47. Date of Right Hip Revision # 2**	**48. Is the Claimant Scheduled for a Revision of the Right Hip Implant?**
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

H. ADDITIONAL TREATMENT FOR RIGHT HIP							
	Select either N/A or number 1-5		Select either Yes or No				
	49. If the Claimant Underwent a Surgery After the Revision Surgery on the Right Hip, Indicate the Number of Surgeries.	**50. If the Claimant Experienced a Dislocation of the Right Hip After the Right Hip Revision Surgery, Indicate the Number of Dislocations.**	**51. Has the Claimant Been Diagnosed with an Infection in the Right Hip After Revision or a Follow Up Surgery on the Right Hip?**	**52. Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for or Within 72 Hours of the Revision or a Follow Up Surgery of the Right Hip?**	**53. Has the Claimant Been Diagnosed with a Stroke During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?**	**54. Has the Claimant Been Diagnosed with a Myocardial Infarction (Heart Attack) During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?**	**55. If the Answer to Question 15 was "Deceased Claimant," are You Claiming that the Claimant's Death was Caused by the Revision or Follow Up Surgery of the Right Hip?**
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

	I. LAW FIRM INFORMATION			J. INTERESTED COUNSEL INFORMATION				
	If you answer No to this question, do not answer Questions 57-58	If you answered Yes to Question 56, enter the requested information about the claimant's law firm. (These cells will turn black to indicate when you should not enter information.)		If you answer No to this question, do not answer Questions 60-63	If you answered Yes to Question 59, enter the requested information regarding First Interested Counsel other than the Primary Law Firm. (These cells will turn black to indicate when you should not enter information.)			
	56. Is the Claimant Represented by an Attorney?	**57. Is the Law Firm Identified on the Designation & Certification Worksheet Acting as the Primary Law Firm for this Claimant? (Yes/No)**	**58. Date of Retention (MM/DD/YYYY)**	**59. Is there Interested Counsel Other than the Primary Law Firm? (Yes/No)**	**60. First Interested Counsel's Name or Law Firm Name**	**61. First Interested Counsel's City**	**62. First Interested Counsel's State**	**63. First Interested Counsel's Date of Retention (MM/DD/YYYY)**
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

K. SECOND INTERESTED COUNSEL INFORMATION					
	If you answer No to this question, do not answer Questions 65-68	If you answered Yes to Question 64, enter information regarding the Second Interested Counsel other than the Primary Law Firm or Interested Counsel Listed in Sections I and J. (These cells will turn black to indicate when you should not enter information.)			
	64. Is there a Second Interested Counsel Other than the Primary Law Firm and Interested Counsel Listed In Sections I and J? (Yes/No)	**65. Second Interested Counsel's Name or Law Firm Name**	**66. Second Interested Counsel's City**	**67. Second Interested Counsel's State**	**68. Second Interested Counsel's Date of Representation (MM/DD/YYYY)**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Question	Column Header	Drop-Down Choices	INSTRUCTIONS	
			A. DEMOGRAPHIC INFORMATION FOR CLAIMANT	
1.	**Unique ID Assigned by Law Firm**		Note to Attorneys: If you use a unique identifier for your clients, the Claims Processor can track these identifiers to facilitate exchanging data with your firm. This field is optional.	Return to Claimant List
2.	**Last Name**		Enter the claimant's last name.	Return to Claimant List
3.	**First Name**		Enter the claimant's first name.	Return to Claimant List
4.	**Middle Name or Initial**		Enter the claimant's middle name or initial.	Return to Claimant List
5.	**Social Security Number**		Enter the claimant's nine-digit Social Security Number. The full SSN is necessary to register the claimant and will remain confidential and secure. Do not enter any dashes.	Return to Claimant List
6.	**Date of Birth**		Enter the claimant's Date of Birth using the MM/DD/YYYY format.	Return to Claimant List
7.	**U.S. Citizen or U.S. Legal Resident**	Yes No	Enter Yes if the claimant is a United States Citizen or United States Legal Resident.	Return to Claimant List
8.	**Street Address**		Enter the claimant's current street address of residence.	Return to Claimant List
9.	**City**		Enter the claimant's current city of residence.	Return to Claimant List
10.	**State**	List of US states and territories	Enter the claimant's current state of residence.	Return to Claimant List
			B. LEGAL REPRESENTATIVE INFORMATION	
11.	**Does the Claimant have a Legal Representative?**	Yes No	Enter Yes if the claimant has a Legal Representative and answer Questions 12-15.	Return to Claimant List
12.	**Legal Representative's Last Name**		If the answer to Question 11 is Yes, enter the Legal Representative's last name.	Return to Claimant List

13.	**Legal Representative's First Name**		If the answer to Question 11 is Yes, enter the Legal Representative's first name.	Return to Claimant List
14.	**Legal Representative's Middle Name or Initial**		If the answer to Question 11 is Yes, enter the Legal Representative's middle name or initial.	Return to Claimant List
15.	**Reason for Legal Representative**	Claimant Deceased Claimant is Incompetent	If the answer to Question 11 is Yes, enter the reason that the claimant has a Legal Representative.	Return to Claimant List
		C. LAWSUIT INFORMATION		
16.	**Is there a Filed Case, or is the Claim Unfiled?**	Filed Case Unfiled Claim	Enter Filed Case if the claimant or the claimant's Legal Representative has filed a lawsuit to recover injuries related to an Affected Product and answer Questions 17-20. Enter Unfiled Claim if the claimant or the claimant's Legal Representative did not file a lawsuit to recover injuries related to an Affected Product and do not answer Questions 17-20.	Return to Claimant List
17.	**Case Caption**		If the answer to Question 16 is Filed Case, enter the caption (Plaintiff(s) vs. Defendant(s)) of the case filed by the claimant.	Return to Claimant List
18.	**Case Number**		If the answer to Question 16 is Filed Case, enter the case number of the case filed by the claimant or the claimant's Legal Representative.	Return to Claimant List
19.	**Current Venue of Court Case**	NJ BER-L-936-13 MDL-13-2441 Other State	If the answer to Question 16 is Filed Case, enter the venue of the Court where the case is pending. If the venue is not one of the choices in the drop-down menu, enter Other State and answer Question 20.	Return to Claimant List
20.	**Other State Court**	List of US states and territories	If the answer to Question 16 is Filed Case and the answer to Question 19 is Other State, enter the state where the case is pending using the drop down list	Return to Claimant List
		D. SPOUSAL INFORMATION		
21.	**Is the Claimant Married?**	Yes No	Enter Yes if the claimant is married and answer Questions 22-25.	Return to Claimant List
22.	**Has the Claimant Filed a Lawsuit with Spouse? (Yes/No)**	Yes No	Enter Yes if the claimant and spouse have filed a lawsuit relating to the Affected Product and answer Questions 23-25.	Return to Claimant List

23.	**Spouse's Last Name**		If the answer to Question 21 is Yes, enter the spouse's last name.	Return to Claimant List
24.	**Spouses' First Name**		If the answer to Question 21 is Yes, enter the spouse's first name.	Return to Claimant List
25.	**Spouse's Middle Name or Initial**		If the answer to Question 21 is Yes, enter the spouse's middle name or initial.	Return to Claimant List
		E. LEFT HIP IMPLANT SURGERY INFORMATION		
26.	**Did the Claimant Have an Affected Product Implanted in His/Her LEFT Hip?**	Yes No	Enter Yes if the claimant underwent a surgery to implant either the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her left hip and answer Questions 27-40 as applicable.	Return to Claimant List
27.	**Date of Left Hip Implant Surgery**		If the answer to Question 26 is Yes, enter the date (MM/DD/YYYY) of the claimant's surgery to implant either the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her left hip.	Return to Claimant List
28.	**Place of Left Hip Implant Surgery**		If the answer to Question 26 is Yes, enter the location of the hospital where the claimant underwent a surgery to implant the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her left hip.	Return to Claimant List
29.	**Left Hip Affected Product**	ABG II Rejuvenate	If the answer to Question 26 is Yes, enter the type of Affected Product that the claimant received in his/her left hip. The two options are the ABG II Modular Neck Hip Stem ("ABG II") or the Rejuvenate Modular Neck Hip Stem ("Rejuvenate").	Return to Claimant List
30.	**Did the Claimant Undergo a Revision Surgery Involving the Left Hip Implant?**	Yes No	If the answer to Question 26 is Yes, enter Yes or No depending on whether the claimant underwent a revision surgery on his/her left hip subsequent to the Index Surgery to remove the stem and neck components of ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem. If the answer is Yes, answer Questions 31-40 as applicable.	Return to Claimant List
31.	**Date of Left Hip Revision #1**		If the answer to Questions 26 and 30 are Yes, enter the date (MM/DD/YYYY) of the claimant's revision surgery related to the left hip that required removal of the stem and neck components of the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem. If the claimant underwent more than one surgery related to the left hip, enter the first date in this column and use the other columns to enter the subsequent surgery dates.	Return to Claimant List
32.	**Date of Left Hip Revision #2**		If the answer to Questions 26 and 30 are Yes and the claimant underwent a second revision surgery to remove the stem and neck components of the revision device implanted in the left hip, enter the second date in this column	Return to Claimant List

			(MM/DD/YYYY). Leave this field blank if the claimant did not undergo a second revision surgery.	
33.	**Is the Claimant Scheduled for a Revision of the Left Affected Product?**	Yes No	If the answer to Question 26 is Yes and Question 30 is No, enter Yes or No depending on whether the claimant is scheduled for a revision surgery to remove the stem and neck components of the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem implanted in the left hip.	Return to Claimant List
F. ADDITIONAL TREATMENT FOR LEFT HIP				
34.	**If the Claimant Underwent a Surgery After the Revision Surgery on the Left Hip, Indicate the Number of Surgeries.**	N/A 1 2 3 4 5	If the answer to Questions 26 and 30 are Yes, enter the number of follow up surgeries the claimant underwent following the revision surgery(ies) on his/her left hip.	Return to Claimant List
35.	**If the Claimant Experienced a Dislocation of the Left Hip After the Left Hip Revision Surgery, Indicate the Number of Dislocations.**	N/A 1 2 3 4 5	If the answer to Questions 26 and 30 are Yes, enter the number of dislocations the claimant experienced following the revision surgery(ies) on his/her left hip.	Return to Claimant List
36.	**Has the Claimant Been Diagnosed with an Infection in the Left Hip After Revision or a Follow Up Surgery on the Left Hip?**	Yes No	If the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with an infection in his/her left hip following the revision surgery(ies) or follow up surgery on his/her left hip.	Return to Claimant List
37.	**Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for or Within 72 Hours of the Revision or a Follow Up Surgery of the Left Hip?**	Yes No	If the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a pulmonary embolism or deep vein thrombosis during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her left hip.	Return to Claimant List
38.	**Has the Claimant Been Diagnosed with a Stroke During the Hospitalization**	Yes No	If the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a stroke during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on	Return to Claimant List

	for or Within 72 Hours of the Revision or Follow Up Surgery of the Left Hip?		his/her left hip.	
39.	**Has the Claimant Been Diagnosed with a Myocardial Infarction (Heart Attack) During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Left Hip?**	Yes No	If the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a myocardial infarction (heart attack) during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her left hip.	Return to Claimant List
40.	**If the Answer to Question 15 was "Deceased Claimant," are You Claiming that the Claimant's Death was Caused by the Revision or Follow Up Surgery of the Left Hip?**	Yes No	If the answer to Question 15 is "Deceased Claimant" and the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether you are claiming that the claimant's death was caused by one of his/her revision surgeries or follow up surgery on his/her left hip.	Return to Claimant List
	G. RIGHT HIP IMPLANT SURGERY INFORMATION			
41.	**Did the Claimant Have an Affected Product Implanted in His/Her RIGHT Hip?**	Yes No	Enter Yes if the claimant underwent a surgery to implant either the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her right hip and answer Questions 42-55 as applicable.	Return to Claimant List
42.	**Date of Right Hip Implant Surgery**		If the answer to Question 41 is Yes, enter the date (MM/DD/YYYY) of the claimant's surgery to implant either the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her right hip.	Return to Claimant List
43.	**Place of Right Hip Implant Surgery**		If the answer to Question 41 is Yes, enter the location of the hospital where the claimant underwent a surgery to implant the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her right hip.	Return to Claimant List
44.	**Right Hip Affected Product**	ABG II Rejuvenate	If the answer to Question 41 is Yes, enter the type of Affected Product that the claimant received in his/her right hip. The two options are the ABG II Modular Neck Hip Stem ("ABG II") or the Rejuvenate Modular Neck Hip Stem ("Rejuvenate").	Return to Claimant List
45.	**Did the Claimant Undergo a Revision Surgery Involving**	Yes	If the answer to Question 41 is Yes, enter Yes or No depending on whether the claimant underwent a revision surgery on his/her right hip subsequent to the	Return to Claimant List

	the Right Hip Implant?	No	Index Surgery to remove the stem and neck components of ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem. If the answer is Yes, answer Questions 46-55 as applicable.	
46.	**Date of Right Hip Revision #1**		If the answer to Questions 41 and 45 are Yes, enter the date (MM/DD/YYYY) of the claimant's revision surgery related to the right hip that required removal of the stem and neck components of the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem. If the claimant underwent more than one surgery related to the right hip, enter the first date in this column and use the other columns to enter the subsequent surgery dates.	Return to Claimant List
47.	**Date of Right Hip Revision #2**		If the answer to Questions 41 and 45 are Yes and the claimant underwent a second revision surgery to remove the stem and neck components of the revision device implanted in the right hip, enter the second date in this column (MM/DD/YYYY). Leave this field blank if the claimant did not undergo a second revision surgery.	Return to Claimant List
48.	**Is the Claimant Scheduled for a Revision of the Right Affected Product?**	Yes No	If the answer to Question 41 is Yes and Question 45 is No, enter Yes if the claimant is scheduled for a revision surgery to remove the stem and neck components of the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem implanted in the right hip.	Return to Claimant List
			H. ADDITIONAL TREATMENT FOR RIGHT HIP	
49.	**If the Claimant Underwent a Surgery <u>After</u> the Revision Surgery on the Right Hip, Indicate the Number of Surgeries.**	N/A 1 2 3 4 5	If the answer to Questions 41 and 45 are Yes, enter the number of follow up surgeries the claimant underwent following the revision surgery(ies) on his/her right hip.	Return to Claimant List
50.	**If the Claimant Experienced a Dislocation of the Right Hip <u>After</u> the Right Hip Revision Surgery, Indicate the Number of Dislocations.**	N/A 1 2 3 4 5	If the answer to Questions 41 and 45 are Yes, enter the number of dislocations the claimant experienced following the revision surgery(ies) on his/her right hip.	Return to Claimant List
51.	**Has the Claimant Been Diagnosed with an Infection in the Right Hip <u>After</u> Revision or a Follow Up**	Yes No	If the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with an infection in his/her right hip following the revision surgery(ies) or follow up surgery on his/her right hip.	Return to Claimant List

	Surgery on the Right Hip?			
52.	**Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for or Within 72 Hours of the Revision or a Follow Up Surgery of the Right Hip?**	Yes No	If the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a pulmonary embolism or deep vein thrombosis during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her right hip.	Return to Claimant List
53.	**Has the Claimant Been Diagnosed with a Stroke During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?**	Yes No	If the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a stroke during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her right hip.	Return to Claimant List
54.	**Has the Claimant Been Diagnosed with a Myocardial Infarction (Heart Attack) During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?**	Yes No	If the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a myocardial infarction (heart attack) during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her right hip.	Return to Claimant List
55.	**If the Answer to Question 15 was "Deceased Claimant," are You Claiming that the Claimant's Death was Caused by the Revision or Follow Up Surgery of the Right Hip?**	Yes No	If the answer to Question 15 is "Deceased Claimant" and the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether you are claiming that the claimant's death was caused by one of his/her revision surgeries or follow up surgery on his/her right hip.	Return to Claimant List
	I. LAW FIRM INFORMATION			
56.	**Is the Claimant Represented by an Attorney?**	Yes No	Enter Yes if the claimant is represented by an attorney and answer Questions 57 and 58.	Return to Claimant List
57.	**Is the Law Firm Identified on the Designation &**	Yes	If the answer to Question 56 is Yes, enter whether the law firm completing this spreadsheet, identified as the Primary Law Firm on the Designation and	Return to Claimant List

	Certification Worksheet Acting as the Primary Law Firm for this Claimant?	No	Certification worksheet in this spreadsheet, is acting as the Primary Law Firm for the particular claimant.	
58.	**Date of Retention**		If the answer to Question 56 is Yes, enter the date (MM/DD/YYYY) on which the law firm completing this spreadsheet, identified as the Primary Law Firm on the Designation and Certification worksheet in this spreadsheet, and acting as the Primary Law Firm for the particular claimant was retained, i.e., began representing the claimant in his/her matter relating to the Affected Products.	Return to Claimant List
J. INTERESTED COUNSEL INFORMATION				
59.	**Is There Interested Counsel Other than the Primary Law Firm?**	Yes No	Enter Yes if there is an attorney or firm other than the Primary Law Firm with an interest in the claimant's case and answer Questions 60-63.	Return to Claimant List
60.	**First Interested Counsel's Name or Law Firm Name**		If the answer to Question 59 is Yes, enter the name of Interested Counsel, or the name of Interested Counsel's firm	Return to Claimant List
61.	**First Interested Counsel's City**		If the answer to Question 59 is Yes, enter the city where Interested Counsel is located.	Return to Claimant List
62.	**First Interested Counsel's State**	List of US states and territories	If the answer to Question 59 is Yes, enter the state where Interested Counsel is located.	Return to Claimant List
63.	**Date of Retention**		If the answer to Question 59 is yes, enter the date (MM/DD/YYYY) on which the Interested Counsel was retained, i.e., began representing the claimant in his/her matter relating to the Affected Products.	Return to Claimant List
K. SECOND INTERESTED COUNSEL INFORMATION				
64.	**Is there a Second Interested Counsel Other than the Primary Law Firm and Interested Counsel Listed In Sections I and J?**	Yes No	Enter Yes if there is an attorney or firm other than the Primary Law Firm or the First Interested Counsel with an interest in the claimant's case and answer Questions 65-68. If there are more than two Interested Counsel, create a separate list and submit it along with a completed spreadsheet.	Return to Claimant List
65.	**Second Interested Counsel's Name or Law Firm Name**		If the answer to Question 64 is Yes, enter the name of Interested Counsel, or the name of Interested Counsel's firm.	Return to Claimant List
66.	**Second Interested Counsel's**		If the answer to Question 64 is Yes, enter the city where Interested Counsel is	Return to Claimant List

	City		located.	
67.	**Second Interested Counsel's State**	List of US states and territories	If the answer to Question 64 is Yes, enter the state where Interested Counsel is located.	Return to Claimant List
68.	**Date of Retention**		If the answer to Question 64 is yes, enter the date (MM/DD/YYYY) on which the Interested Counsel was retained, i.e., began representing the claimant in his/her matter relating to the Affected Products.	Return to Claimant List