

# **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](mailto:claimsprocessor@StrykerModularHipSettlement.com) or by calling their toll-free hotline at 1-855-382-6404.

**B. Instructions on Using the Spreadsheet**

<b>1.</b>	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.
<b>2.</b>	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.
<b>3.</b>	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**

<b>1.</b>	“Affected Product” means the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem.
<b>2.</b>	“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.
<b>3.</b>	“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.
<b>4.</b>	“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**

<b>1. Law Firm Name</b>		
<b>2. Business Address</b>	<b>(a) Street</b>	
	<b>(b) City</b>	
	<b>(c) State</b>	
	<b>(d) Zip Code</b>	
<b>3. Telephone Number</b>		
<b>4. Fax Number</b>		

**B. PRINCIPAL RESPONSIBLE ATTORNEY CONTACT INFORMATION**

<b>5. First Name</b>	
<b>6. Last Name</b>	
<b>7. Position at Firm</b>	
<b>8. State Bar Number</b>	
<b>9. Email Address</b>	
<b>10. Direct Telephone Number</b>	

**C. SECONDARY ADMINISTRATIVE CONTACT INFORMATION**

<b>11. First Name</b>	
<b>12. Last Name</b>	
<b>13. Position at Firm</b>	
<b>14. Email Address</b>	
<b>15. Direct Telephone Number</b>	

**D. UNREPRESENTED CLAIMANT CONTACT INFORMATION**

<b>16. First Name</b>	
<b>17. Last Name</b>	

<b>18. Home Address</b>	
<b>19. Email Address</b>	
<b>20. Telephone Number</b>	

**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.

<b>21. Signature of Registrant<sup>1</sup></b>	
<b>22. Date Signed</b>	

<sup>1</sup> 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**

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.			
	<b>1. Unique ID Assigned by Law Firm</b>	<b>2. Last Name</b>	<b>3. First Name</b>	<b>4. Middle Name or Initial</b>	<b>5. Social Security Number</b>	<b>6. Date of Birth</b>	<b>7. U.S. Citizen or U.S. Legal Resident (Yes/No)</b>	<b>8. Street Address</b>	<b>9. City</b>	<b>10. State</b>
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**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.)			
	<b>11. Does the Claimant have a Legal Representative (Yes/No)</b>	<b>12. Legal Representative's Last Name</b>	<b>13. Legal Representative's First Name</b>	<b>14. Legal Representative's Middle Name or Initial</b>	<b>15. Reason for Legal Representative (Deceased Claimant/Incompetent Claimant)</b>
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**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.)			
	<b>16. Is there a Filed Case, or is the Claim Unfiled? (Filed Case/Unfiled Claim)</b>	<b>17. Case Caption</b>	<b>18. Case Number</b>	<b>19. Current Venue of Court Case (See Drop-down list for options)</b>	<b>20. Other State Court</b>
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**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**

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**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
	<b>26. Did the Claimant Have an Affected Product Implanted in His/Her <u>LEFT</u> Hip? (Yes/No)</b>	<b>27. Date of Left Hip Implant Surgery</b>	<b>28. Place of Left Hip Implant Surgery</b>	<b>29. Left Hip Product (ABG II/ Rejuvenate)</b>	<b>30. Did the Claimant Undergo a Revision Surgery Involving the Left Hip Implant?</b>	<b>31. Date of Left Revision # 1</b>	<b>32. Date of Left Hip Revision # 2</b>	<b>33. Is the Claimant Scheduled for a Revision of the Left Hip Implant?</b>
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**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 <u>After</u> the Revision Surgery on the Left Hip, Indicate the Number of Surgeries.	35. If the Claimant Experienced a Dislocation of the Left Hip <u>After</u> the Left Hip Revision Surgery, Indicate the Number of Dislocations.	36. Has the Claimant Been Diagnosed with an Infection in the Left Hip <u>After</u> 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 <u>or</u> 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 <u>or</u> 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 <u>or</u> 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?	
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**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
	<b>41. Did the Claimant Have an Affected Product Implanted in His/Her <u>RIGHT</u> Hip? (Yes/No)</b>	<b>42. Date of Right Hip Implant Surgery</b>	<b>43. Place of Right Hip Implant Surgery</b>	<b>44. Right Hip Product (ABG II/ Rejuvenate)</b>	<b>45. Did the Claimant Undergo a Revision Surgery Involving the Right Hip Implant?</b>	<b>46. Date of Right Hip Revision # 1</b>	<b>47. Date of Right Hip Revision # 2</b>	<b>48. Is the Claimant Scheduled for a Revision of the Right Hip Implant?</b>
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**H. ADDITIONAL TREATMENT FOR RIGHT HIP**

Select either N/A or number 1-5		Select either Yes or No					
	<b>49. If the Claimant Underwent a Surgery <u>After</u> the Revision Surgery on the Right Hip, Indicate the Number of Surgeries.</b>	<b>50. If the Claimant Experienced a Dislocation of the Right Hip <u>After</u> the Right Hip Revision Surgery, Indicate the Number of Dislocations.</b>	<b>51. Has the Claimant Been Diagnosed with an Infection in the Right Hip <u>After</u> Revision or a Follow Up Surgery on the Right Hip?</b>	<b>52. Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for <u>or</u> Within 72 Hours of the Revision or a Follow Up Surgery of the Right Hip?</b>	<b>53. Has the Claimant Been Diagnosed with a Stroke During the Hospitalization for <u>or</u> Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?</b>	<b>54. Has the Claimant Been Diagnosed with a Myocardial Infarction (Heart Attack) During the Hospitalization for <u>or</u> Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?</b>	<b>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?</b>
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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)
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**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.)			
	<b>64. Is there a Second Interested Counsel Other than the Primary Law Firm and Interested Counsel Listed In Sections I and J? (Yes/No)</b>	<b>65. Second Interested Counsel's Name or Law Firm Name</b>	<b>66. Second Interested Counsel's City</b>	<b>67. Second Interested Counsel's State</b>	<b>68. Second Interested Counsel's Date of Representation (MM/DD/YYYY)</b>
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Question	Column Header	Drop-Down Choices	INSTRUCTIONS	
<b>A. DEMOGRAPHIC INFORMATION FOR CLAIMANT</b>				
1.	<b>Unique ID Assigned by Law Firm</b>		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.	<a href="#">Return to Claimant List</a>
2.	<b>Last Name</b>		Enter the claimant's last name.	<a href="#">Return to Claimant List</a>
3.	<b>First Name</b>		Enter the claimant's first name.	<a href="#">Return to Claimant List</a>
4.	<b>Middle Name or Initial</b>		Enter the claimant's middle name or initial.	<a href="#">Return to Claimant List</a>
5.	<b>Social Security Number</b>		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.	<a href="#">Return to Claimant List</a>
6.	<b>Date of Birth</b>		Enter the claimant's Date of Birth using the MM/DD/YYYY format.	<a href="#">Return to Claimant List</a>
7.	<b>U.S. Citizen or U.S. Legal Resident</b>	Yes No	Enter Yes if the claimant is a United States Citizen or United States Legal Resident.	<a href="#">Return to Claimant List</a>
8.	<b>Street Address</b>		Enter the claimant's current street address of residence.	<a href="#">Return to Claimant List</a>
9.	<b>City</b>		Enter the claimant's current city of residence.	<a href="#">Return to Claimant List</a>
10.	<b>State</b>	List of US states and territories	Enter the claimant's current state of residence.	<a href="#">Return to Claimant List</a>
<b>B. LEGAL REPRESENTATIVE INFORMATION</b>				
11.	<b>Does the Claimant have a Legal Representative?</b>	Yes No	Enter Yes if the claimant has a Legal Representative and answer Questions 12-15.	<a href="#">Return to Claimant List</a>
12.	<b>Legal Representative's Last Name</b>		If the answer to Question 11 is Yes, enter the Legal Representative's last name.	<a href="#">Return to Claimant List</a>

13.	<b>Legal Representative's First Name</b>		If the answer to Question 11 is Yes, enter the Legal Representative's first name.	<a href="#">Return to Claimant List</a>
14.	<b>Legal Representative's Middle Name or Initial</b>		If the answer to Question 11 is Yes, enter the Legal Representative's middle name or initial.	<a href="#">Return to Claimant List</a>
15.	<b>Reason for Legal Representative</b>	Claimant Deceased Claimant is Incompetent	If the answer to Question 11 is Yes, enter the reason that the claimant has a Legal Representative.	<a href="#">Return to Claimant List</a>

### C. LAWSUIT INFORMATION

16.	<b>Is there a Filed Case, or is the Claim Unfiled?</b>	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.	<a href="#">Return to Claimant List</a>
17.	<b>Case Caption</b>		If the answer to Question 16 is Filed Case, enter the caption (Plaintiff(s) vs. Defendant(s)) of the case filed by the claimant.	<a href="#">Return to Claimant List</a>
18.	<b>Case Number</b>		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.	<a href="#">Return to Claimant List</a>
19.	<b>Current Venue of Court Case</b>	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.	<a href="#">Return to Claimant List</a>
20.	<b>Other State Court</b>	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	<a href="#">Return to Claimant List</a>

### D. SPOUSAL INFORMATION

21.	<b>Is the Claimant Married?</b>	Yes No	Enter Yes if the claimant is married and answer Questions 22-25.	<a href="#">Return to Claimant List</a>
22.	<b>Has the Claimant Filed a Lawsuit with Spouse? (Yes/No)</b>	Yes No	Enter Yes if the claimant and spouse have filed a lawsuit relating to the Affected Product and answer Questions 23-25.	<a href="#">Return to Claimant List</a>

23.	Spouse's Last Name		If the answer to Question 21 is Yes, enter the spouse's last name.	<a href="#">Return to Claimant List</a>
24.	Spouses' First Name		If the answer to Question 21 is Yes, enter the spouse's first name.	<a href="#">Return to Claimant List</a>
25.	Spouse's Middle Name or Initial		If the answer to Question 21 is Yes, enter the spouse's middle name or initial.	<a href="#">Return to Claimant List</a>
<b>E. LEFT HIP IMPLANT SURGERY INFORMATION</b>				
26.	Did the Claimant Have an Affected Product Implanted in His/Her <b>LEFT</b> 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.	<a href="#">Return to Claimant List</a>
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.	<a href="#">Return to Claimant List</a>
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.	<a href="#">Return to Claimant List</a>
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").	<a href="#">Return to Claimant List</a>
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.	<a href="#">Return to Claimant List</a>
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.	<a href="#">Return to Claimant List</a>
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	<a href="#">Return to Claimant List</a>

			(MM/DD/YYYY). Leave this field blank if the claimant did not undergo a second revision surgery.	
33.	<b>Is the Claimant Scheduled for a Revision of the Left Affected Product?</b>	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.	<a href="#">Return to Claimant List</a>
<b>F. ADDITIONAL TREATMENT FOR LEFT HIP</b>				
34.	<b>If the Claimant Underwent a Surgery <u>After</u> the Revision Surgery on the Left Hip, Indicate the Number of Surgeries.</b>	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.	<a href="#">Return to Claimant List</a>
35.	<b>If the Claimant Experienced a Dislocation of the Left Hip <u>After</u> the Left Hip Revision Surgery, Indicate the Number of Dislocations.</b>	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.	<a href="#">Return to Claimant List</a>
36.	<b>Has the Claimant Been Diagnosed with an Infection in the Left Hip <u>After</u> Revision or a Follow Up Surgery on the Left Hip?</b>	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.	<a href="#">Return to Claimant List</a>
37.	<b>Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for <u>or</u> Within 72 Hours of the Revision or a Follow Up Surgery of the Left Hip?</b>	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.	<a href="#">Return to Claimant List</a>
38.	<b>Has the Claimant Been Diagnosed with a Stroke During the Hospitalization</b>	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	<a href="#">Return to Claimant List</a>

	<b>for or Within 72 Hours of the Revision or Follow Up Surgery of the Left Hip?</b>		his/her left hip.	
<b>39.</b>	<b>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?</b>	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.	<a href="#"><u>Return to Claimant List</u></a>
<b>40.</b>	<b>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?</b>	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.	<a href="#"><u>Return to Claimant List</u></a>

**G. RIGHT HIP IMPLANT SURGERY INFORMATION**

<b>41.</b>	<b>Did the Claimant Have an Affected Product Implanted in His/Her <u>RIGHT</u> Hip?</b>	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.	<a href="#"><u>Return to Claimant List</u></a>
<b>42.</b>	<b>Date of Right Hip Implant Surgery</b>		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.	<a href="#"><u>Return to Claimant List</u></a>
<b>43.</b>	<b>Place of Right Hip Implant Surgery</b>		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.	<a href="#"><u>Return to Claimant List</u></a>
<b>44.</b>	<b>Right Hip Affected Product</b>	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”).	<a href="#"><u>Return to Claimant List</u></a>
<b>45.</b>	<b>Did the Claimant Undergo a Revision Surgery Involving</b>	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	<a href="#"><u>Return to Claimant List</u></a>

	<b>the Right Hip Implant?</b>	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.	<b>Date of Right Hip Revision #1</b>		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.	<a href="#">Return to Claimant List</a>
47.	<b>Date of Right Hip Revision #2</b>		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.	<a href="#">Return to Claimant List</a>
48.	<b>Is the Claimant Scheduled for a Revision of the Right Affected Product?</b>	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.	<a href="#">Return to Claimant List</a>
<b>H. ADDITIONAL TREATMENT FOR RIGHT HIP</b>				
49.	<b>If the Claimant Underwent a Surgery <u>After</u> the Revision Surgery on the Right Hip, Indicate the Number of Surgeries.</b>	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.	<a href="#">Return to Claimant List</a>
50.	<b>If the Claimant Experienced a Dislocation of the Right Hip <u>After</u> the Right Hip Revision Surgery, Indicate the Number of Dislocations.</b>	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.	<a href="#">Return to Claimant List</a>
51.	<b>Has the Claimant Been Diagnosed with an Infection in the Right Hip <u>After</u> Revision or a Follow Up</b>	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.	<a href="#">Return to Claimant List</a>

	<b>Surgery on the Right Hip?</b>			
52.	<b>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?</b>	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.	<a href="#">Return to Claimant List</a>
53.	<b>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?</b>	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.	<a href="#">Return to Claimant List</a>
54.	<b>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?</b>	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.	<a href="#">Return to Claimant List</a>
55.	<b>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?</b>	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.	<a href="#">Return to Claimant List</a>
<b>I. LAW FIRM INFORMATION</b>				
56.	<b>Is the Claimant Represented by an Attorney?</b>	Yes No	Enter Yes if the claimant is represented by an attorney and answer Questions 57 and 58.	<a href="#">Return to Claimant List</a>
57.	<b>Is the Law Firm Identified on the Designation &amp;</b>	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	<a href="#">Return to Claimant List</a>

	<b>Certification Worksheet Acting as the Primary Law Firm for this Claimant?</b>	No	Certification worksheet in this spreadsheet, is acting as the Primary Law Firm for the particular claimant.	
58.	<b>Date of Retention</b>		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.	<a href="#">Return to Claimant List</a>
<b>J. INTERESTED COUNSEL INFORMATION</b>				
59.	<b>Is There Interested Counsel Other than the Primary Law Firm?</b>	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.	<a href="#">Return to Claimant List</a>
60.	<b>First Interested Counsel's Name or Law Firm Name</b>		If the answer to Question 59 is Yes, enter the name of Interested Counsel, or the name of Interested Counsel's firm	<a href="#">Return to Claimant List</a>
61.	<b>First Interested Counsel's City</b>		If the answer to Question 59 is Yes, enter the city where Interested Counsel is located.	<a href="#">Return to Claimant List</a>
62.	<b>First Interested Counsel's State</b>	List of US states and territories	If the answer to Question 59 is Yes, enter the state where Interested Counsel is located.	<a href="#">Return to Claimant List</a>
63.	<b>Date of Retention</b>		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.	<a href="#">Return to Claimant List</a>
<b>K. SECOND INTERESTED COUNSEL INFORMATION</b>				
64.	<b>Is there a Second Interested Counsel Other than the Primary Law Firm and Interested Counsel Listed In Sections I and J?</b>	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.	<a href="#">Return to Claimant List</a>
65.	<b>Second Interested Counsel's Name or Law Firm Name</b>		If the answer to Question 64 is Yes, enter the name of Interested Counsel, or the name of Interested Counsel's firm.	<a href="#">Return to Claimant List</a>
66.	<b>Second Interested Counsel's</b>		If the answer to Question 64 is Yes, enter the city where Interested Counsel is	<a href="#">Return to Claimant List</a>

	<b>City</b>		located.	
<b>67.</b>	<b>Second Interested Counsel's State</b>	List of US states and territories	If the answer to Question 64 is Yes, enter the state where Interested Counsel is located.	<a href="#"><u>Return to Claimant List</u></a>
<b>68.</b>	<b>Date of Retention</b>		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.	<a href="#"><u>Return to Claimant List</u></a>