Claims Administrator
P.O. Box 4454, Toronto Station A
25 The Esplanade
Toronto, ON M5W 4B1

C5Q

Crisante, et al. v.
DePuy Orthopaedics, Inc., et al.

ONTARIO SUPERIOR
COURT OF JUSTICE

Civil Action No. CV-10-415777-00CP

Must Be Postmarked
No Later Than
March 14, 2022

UNREVISED CLAIMANT FORM

Canadian National DePuy ASR Hip Implant Class Action

This form and all supporting documents must be completed and submitted to the Claims Administrator by e-mail or mail postmarked **no later than March 14, 2022 at the following address:**

info@DePuyASRClassAction.ca
P.O. Box 4454, Toronto Station A
25 The Esplanade, Toronto, ON M5W 4B1

FAILURE TO SUBMIT YOUR CLAIM FORM BY THE DEADLINE WILL LEAD TO THE AUTOMATIC REJECTION OF YOUR CLAIM

I am making a claim:

○ as a Claimant, or representative of a Claimant, who was implanted with one or more ASR Implants and does not meet the eligibility criteria for an Approved ASR Claimant or an Approved Medically Precluded Claimant as set out in the Claims Protocol.

Note: This claim form is only for Class Members who have NOT had their ASR Implant removed (or recommended to be removed) within 11 years of implant, and have experienced serious and prolonged psychological injury relating to the ASR Implant. If your physician has recommended that your ASR Implant be removed within that time period, and you are either awaiting revision surgery or medically precluded from undergoing revision surgery, please fill out the "Claim Form" instead.

Section A: Claimant Information

First Name | M.I. | Last Name

MM / DD / YYYY | Gender

Primary Address

City | Province | Postal Code

— — | Daytime Phone Number

— — | Cellular Phone Number

Email Address

Current Provincial Health Insurance Number

FOR CLAIMS PROCESSING ONLY	OB	CB	DOC / LC / REV	RED / A / B

Section B: Prior Residences

Which province did the Claimant reside in at the following points in time?

1. When the Claimant was first implanted with an ASR Implant ("Initial ASR Surgery")?	
2. On July 30, 2014 (the date the Opt-out period in the Canadian National DePuy Class Action expired)?	

Section C: Legal or Personal Representative

Are you completing this form as someone with the legal capacity to act on behalf of the Claimant (i.e., the Claimant's lawyer, an individual with power of attorney)?

○ Yes ○ No

If you checked "No", please skip to Section D.

If you checked "Yes", please complete the remainder of Section C with information about yourself.

Are you the Claimant's lawyer?

○ Yes ○ No

First Name | M.I. | Last Name

MM / DD / YYYY | Gender

Law Firm Name (if applicable)

Primary Address

City | Province | Postal Code

Email Address

Daytime Phone Number | Cellular Phone Number

Relationship to Claimant:

Unless you are the Claimant's lawyer, please attach to this Claim Form the documents that grant you the legal authority to act on behalf of the Claimant (i.e., Power of Attorney, etc.).

○ Power of Attorney ○ Certificate of Incapacity

○ Other. Please explain

Section D: ASR Implant Information

In which hip(s) did you receive an ASR Implant? ○ Right ○ Left ○ Both (Bilateral)

M M / D D / Y Y Y Y
Date of Initial ASR Surgery (Right)

Name of Hospital

Surgeon

M M / D D / Y Y Y Y
Date of Initial ASR Surgery (Left)

Name of Hospital

Surgeon

Operative report(s) for your Initial ASR Surgery / Initial ASR Surgeries, Identification Labels/stickers confirming receipt of the ASR Implant(s), and hospitalization summary sheets for your Initial ASR Surgery / Initial ASR Surgeries must be submitted with this Claim Form.

Section E: Psychological Injuries Compensation

Has the Claimant experienced a serious and prolonged psychological injury related to the recall of the ASR Implant ("ASR Psychological Injury")?

○ Yes ○ No

If you checked "No", there is no entitlement to compensation for the Claimant under the Settlement.

If you checked "Yes", please answer the following:

During what period(s) of time did the Claimant suffer an ASR Psychological Injury?

M M / D D / Y Y Y Y to M M / D D / Y Y Y Y
Psychological Injury Period

Was the Claimant prescribed any medication for their ASR Psychological Injury?

○ Yes ○ No

If you checked "No", there is no entitlement to compensation for the Claimant under the Settlement.

If you checked "Yes", please answer the following:

What was the medication prescribed for the Claimant's ASR Psychological Injury?

During the Psychological Injury Period, where did the Claimant seek treatment for that psychological injury?

Name of Health Care Provider

Was the Health Care Provider a:

○ Licensed Psychiatrist ○ Board Certified Psychologist ○ Other

If you checked "Other", there is no entitlement to compensation for the Claimant under the Settlement.

Relevant contemporaneous medical records from either a licensed psychiatrist and/or board certified psychologist during the Psychological Injury Period confirming a serious and prolonged psychological injury arising out of the ASR Implant recall and medication prescribed to treat such injury must be submitted with this Claim Form. In order to be eligible, Claimants must provide supporting contemporaneous medical records from at least 2 separate treatment sessions. **Please only submit medical records that mention the ASR Implant and/or support the information set out above in this section.**

Section F: Mailing Address for Compensation

If you are approved to receive compensation under this settlement, you will receive a cheque in the mail after the end of the Claims Deadline.

Would you like your cheque to be delivered to a different address than that indicated in Section A?

○ Yes ○ No

If "No", your cheque will be delivered to the address indicated in Section A, unless you notify the Claims Administrator in writing of a change of address.

If "Yes", please provide address below:

Primary Address

City | Province | Postal Code

Section G: Claimant Declaration

I solemnly declare that:

The Claimant was implanted with one or more ASR Implants.

The Claimant wishes to make a claim for compensation in this class action.

The Claimant has not made a successful claim for compensation in relation to the ASR Implants under any other class action or lawsuit.

Attached are copies of required documentation, including Medical Records confirming the Claimant's receipt of ASR Implant(s) during Initial ASR Surgery, as well as Medical Records from either a licensed psychiatrist and/or board certified psychologist during the Psychological Injury Period confirming a serious and prolonged psychological injury arising out of the ASR Implant recall and medication prescribed to treat such injury. Also attached are Labels identifying the catalogue and lot numbers of the ASR Implants received by the Claimant.

If I am not submitting the Claimant's ASR Implant Labels, it is because the hospital at which the Claimant's Initial ASR Surgery / Initial ASR Surgeries occurred could not provide me with the Labels because they are not in the Claimant's hospital medical records. As a result, I am attaching a letter from the Claimant's orthopedic surgeon confirming that the Claimant in fact received ASR Implant(s) during Initial ASR Surgery.

I make this declaration believing it to be true, and knowing that it is of the same legal force and effect as if it were made under oath.

Signature of Claimant or Representative

Dated (mm/dd/yyyy)

Print Name

We strongly recommend that you keep a photocopy of your complete claim for your records.