Blood Reagents Antitrust Claims Administrator P.O. Box 404082 Louisville, KY 40233-4082



In re Blood Reagents Antitrust Litigation

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

Case No. 09-MD-2081

Must Be Postmarked No Later Than February 20, 2019

Claim Form

— CLAIMANT INFORMATION ————————————————————————————————————														
First Name		M.I. Last Name												
Primary Address														
Primary Address Continued														
City	State	State Zip Code												
Foreign Province	Foreig	n Postal (Code			Foreign Country	Name/Abbrev	riation						

In order to receive money from the settlements, you must complete and sign this Claim Form and return it by First-Class Mail, postmarked no later than February 20, 2019, or as a scanned attachment to an email, sent no later than February 20, 2019. If you fail to submit your Claim Form, or submit it after February 20, 2019, you may not receive any money in connection with the settlements.

If you/your firm appeared in Defendants' records under other names or at different locations, you/your firm and related entities and locations may have received multiple Claim Forms. These forms are unique, and are represented by a unique Claim Number and unique purchase totals.

If you received multiple Claim Forms and you wish to file for all purchases shown on each Claim Form, you must file all Claim Forms received. You may combine your claims into one claim, but you must mail all Claim Forms together and include a written request that clearly identifies the specific Claim Numbers that you wish to combine.

Calculation of Traditional Blood Reagents Purchases Directly from Defendants

Based on the transactional records that were produced in the litigation, the following information about your claim has been calculated:

You purchased the following amounts of Traditional Blood Reagents (net of shipping, rebates, credits, and other adjustments) directly from Defendants that was invoiced from January 1, 2001 through and including December 31, 2004:

Defendant	Total Amount Purchased
Ortho-Clinical Diagnostics, Inc.	\$0.00
Immucor, Inc.	\$0.00
Total	\$0.00

You did not purchase any Traditional Blood Reagents directly from either Defendant that was invoiced from January 1, 2001 through and including December 31, 2004, but did purchase some amount of Traditional Blood Reagents directly from a Defendant that was invoiced from January 1, 2005 through and including April 30, 2009.

If your records show a different purchase total, or purchases during a different portion of the Damages Period, you may supplement or dispute the amount. You may accept the amount shown for one Defendant while supplementing or disputing the amount for the other. To properly supplement or dispute the amount, you must submit your supplement or dispute in writing together with this Claim Form,



FOR CLAIMS PROCESSING ONLY	ОВ	СВ	DOC LC REV	RED A B
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indicating specifically what information you dispute and attaching copies of documentation (receipts, invoices or other proof of purchase) supporting the requested correction(s). Supplements or disputes that are submitted without documentation will not be accepted.

If you choose to supplement or dispute the amount of your purchases as shown, you should still fill out, sign and return the Claim Form as requested; however, you should indicate that you are disputing the value of your purchases and include your supporting documentation with the Claim Form.

Release and Verification

I submit this Claim Form under the terms of the approved settlements and distribution plan in the *Blood Reagents Antitrust Litigation*. I understand that in exchange for the benefits provided by these settlements, I have released the settling Defendants for the claims identified in the settlement agreements. I declare under penalty of perjury that:

- I have read and understand the notices that were mailed regarding the settlements, have read and understand the instructions that were mailed with this Claim Form, and agree to abide by the terms of the notices and this Claim Form;
- As to any information under the section above titled "Calculation of Traditional Blood Reagents Purchases Directly from Defendants" that I am not disputing or supplementing, I accept that information as accurate for purposes of my claim submission; and
- Any information I am submitting to supplement or dispute the information under the section above titled "Calculation of Traditional Blood Reagents Purchases Directly from Defendants" is true and accurate.

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	Supplement or Dispute Attached: If you are supplementing or disputing the amount of your total direct purchases of Traditional Blood Reagents from either Defendant, please fill in this circle and attach documentation and a written explanation to this form and return as directed. Additionally, for whichever Defendant(s) for which you dispute the amount contained in the chart on the previous page, please indicate here the name of the seller and your calculation of your total Traditional Blood Reagents purchases directly from that seller (net of shipping, rebates, credits, and other adjustments) that were invoiced from January 1, 2001 through and including December 31, 2004.																												
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Under the penalties of perjury, I certify that the foregoing information contained in this Claim Form is true and correct.																													
Sign	natuı	e: _																	D	ated	(mn	n/dd/	уууу	·): _					

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