



BRT

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

| | | |
|---------------------------|----------------------|-----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | M.I. | Last Name |
| <input type="text"/> | | |
| Primary Address | | |
| <input type="text"/> | | |
| Primary Address Continued | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Foreign Province | Foreign Postal Code | Foreign Country Name/Abbreviation |

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:

| <i>Defendant</i> | <i>Total Amount Purchased</i> |
|----------------------------------|-------------------------------|
| 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 | OB <input type="text"/> | CB <input type="text"/> | <input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV | <input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B |
|----------------------------------|-------------------------|-------------------------|--|---|

