



**FILED**  
San Francisco County Superior Court

JAN 07 2014

CLERK OF THE COURT  
BY: Alicia Sheen  
Deputy Clerk

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SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF SAN FRANCISCO

COORDINATION PROCEEDING  
SPECIAL TITLE [RULE 3.550(c)]

Judicial Council Coordination  
Proceeding No.: CJC-10-004649

**DePUY ASR™ HIP SYSTEM CASES**

**ORDER REGARDING REGISTRATION  
OF ASR RELATED CASES AND CLAIMS**

THIS DOCUMENT RELATES TO:

*All Actions*

In order for this Court and the cooperating federal and state court jurisdictions with coordinated proceedings pending in the MDL (MDL Docket No. 1:10 md-2197 DAK), New Jersey (Master Docket No. BER-L-3971-11), and Illinois (Case No. 10 L 10506) to cooperatively manage this litigation and to assist the Parties to effectuate the provisions of the private Final Settlement Agreement entered into between the MDL Plaintiffs' Executive Committee, Plaintiffs' Settlement Oversight Committee ("SOC"), and DePuy Orthopaedics, Inc. and its successors ("DePuy"), it is necessary to identify all filed and unfiled ASR related claims:

IT IS HEREBY ORDERED AND DECREED THAT:

1. All counsel for any ASR-related case pending in this Court, signatories to the MDL Participation Agreement, and/or counsel who have any clients who have claims, filed or unfiled, Connected With ASR Hip Implants, shall (i) identify all clients with filed and unfiled

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1 ASR XL, ASR Resurfacing and/or Hemiarthroplasty claims, whether or not involving a Revision  
2 Surgery, and regardless of the client's ultimate decision regarding enrollment in the U.S.  
3 Program, (ii) provide the information for such clients as set forth on Exhibit A, including  
4 identifying all Interested Counsel in each filed case or unfiled claim and (iii) designate the  
5 Primary Law Firm and contacts as set forth below. The Registration Declaration, the form of  
6 Registration Lists, and the *Pro Se* Affidavit will be made available through the Claims Processor  
7 in a form materially similar to Exhibit A to this Order.

8 2. *Obligations of Counsel:*

9 A. *Service Of Registration List:* Counsel representing clients with claims Connected  
10 With ASR Hip Implants must prepare a Registration Declaration and Registration List,  
11 identifying all such clients as set out below in 2.B. and 2.C. To obtain a copy of the Registration  
12 Declaration and Registration List, go to the Claims Processor website,  
13 [www.USASRHipsettlement.com](http://www.USASRHipsettlement.com), click on the "Registration Button" and follow the instructions.  
14 The completed Registration Declaration and Registration List shall be submitted to the Claims  
15 Processor (as formatted, for the accurate and efficient transfer of the required information) no  
16 later than January 6, 2014. To submit these materials, go to [www.USASRHipsettlement.com](http://www.USASRHipsettlement.com),  
17 click the "Registration Button" and follow the upload instructions. **UPLOADING THE**  
18 **REGISTRATION DECLARATION AND REGISTRATION LIST ON THE**  
19 **USASRHIPSETTLEMENT WEBSITE IN NO WAY SIGNIFIES A CLAIMANT'S**  
20 **COMMITMENT OR INTENT TO ENROLL IN THE U.S. PROGRAM. NOR DOES IT**  
21 **AFFECT A CLAIMANT'S ELIGIBILITY TO ENROLL AND RECEIVE BENEFITS IN**  
22 **THE U.S. PROGRAM.**

23 B. *Information to be Provided Regarding Filed Cases:* For each filed case, Counsel  
24 shall identify on the Registration List all cases that are filed in these proceedings or in any other  
25 federal or state court or tribunal in the United States in which they serve as the Primary Law Firm  
26 as of the date of this Order, the identity of the Principal Responsible Attorney for each filed case  
27 and all Interested Counsel for each filed case, and the case and claim related information on the  
28 form Registration List.

1           C.       *Information to be Provided Regarding Unfiled Claims.* Counsel shall identify on  
2 the Registration List all unfiled ASR XL, ASR Resurfacing and/or Hemiarthroplasty claims,  
3 whether or not involving a Revision Surgery, in which counsel has any Interest, and which will  
4 include basic information about each claim as set forth on the form established by the Claims  
5 Processor and shall identify the Primary Law Firm, Principal Responsible Attorney and all  
6 Interested Counsel for such unfiled claims.

7           D.       The Primary Law Firm shall declare on the Registration Declaration under oath  
8 that (i) all filed cases and unfiled claims in which they are the Primary Law Firm are identified on  
9 the Registration List, (ii) all Interested Counsel are identified, and (iii) that the claim-related  
10 information is accurate and complete. Counsel shall further certify under oath that they have  
11 verified that all cases in which they have an Interest are, or will be, identified on other  
12 Registration Lists submitted by another Primary Law Firm. If there is any claim Connected With  
13 ASR Hip Implants for any Plaintiff or Claimant, whether filed or unfiled, whether or not  
14 involving a Revision Surgery, in which an attorney bound by this Order has an Interest and  
15 believes is not, or will not be, listed on any Registration List submitted by any other Primary Law  
16 Firm, then such attorney shall include the Plaintiff or Unfiled Claimant on his or her Registration  
17 List with the information specified in paragraphs 2.B. and 2.C. above, and shall state "No Primary  
18 Law Firm Designated."

19           E.       *Due Date For Service Of Registration List:* The Registration Declaration and  
20 Registration List shall be served on the Claims Processor as specified above on or before January  
21 6, 2014.

22           F.       *Updates Regarding Change in Status:* The Primary Law Firm shall serve an  
23 updated Report regarding any change in status of any Plaintiff or Unfiled Claimant identified on  
24 their Registration List. The updated Report shall be in the form set by the Claims Processor, and  
25 shall include changes in status to both unrevised Plaintiffs and Unfiled Claimants and Plaintiffs  
26 and Unfiled Claimants with subsequent additional revision surgeries. The Report shall be  
27 updated on June 1 and November 1 of each calendar year following the service of the initial  
28 Registration List, and shall be served on the Claims Processor who will promptly distribute to

1 DePuy and the SOC. The updating requirement shall cease upon June 1, 2015.

2 3. Pro Se Plaintiffs And Unrepresented Claimants: All persons who represent  
3 themselves *pro se* in these proceedings and all Unrepresented Claimants with unfiled ASR related  
4 claims who wish to participate in the U.S. Program voluntarily (collectively “*Pro Se* Plaintiffs  
5 and Claimants”), shall complete the *Pro Se* Registration form which can be obtained by going to  
6 the Claims Processor website, [www.USASRHipsettlement.com](http://www.USASRHipsettlement.com), clicking on the “Registration  
7 Button” and following the instructions. The completed *Pro Se* Registration form shall be  
8 submitted to the Claims Processor (as formatted, for the accurate and efficient transfer of the  
9 required information) no later than January 6, 2014. To submit these materials, go to  
10 [www.USASRHipsettlement.com](http://www.USASRHipsettlement.com), click the “Registration Button” and follow the upload  
11 instructions. **UPLOADING THE PRO SE REGISTRATION FORM ON THE  
12 USASRHIPSETTLEMENT WEBSITE IN NO WAY SIGNIFIES A CLAIMANT’S  
13 COMMITMENT OR INTENT TO ENROLL IN THE U.S. PROGRAM. NOR DOES IT  
14 AFFECT A CLAIMANT’S ELIGIBILITY TO ENROLL AND RECEIVE BENEFITS IN  
15 THE U.S. PROGRAM.**

16 If the *Pro Se* Plaintiff or Unfiled Claimant is not able to submit the forms electronically,  
17 the *Pro Se* Plaintiff or Claimant shall send the Registration Affidavit via U.S. mail postmarked no  
18 later than January 6, 2014:

19 Claims Processor  
20 U.S. ASR Hip Settlement  
21 P.O. Box 26078  
22 Richmond, VA 23260

23 A. *Updates Regarding Change in Status*: All *Pro Se* Plaintiffs and Claimants shall serve  
24 an updated Report regarding any change in status of their ASR-related claim, and shall include  
25 changes in status to both unrevised *Pro Se* Plaintiff and Claimants and information concerning  
26 subsequent additional revision surgeries. The updated Report shall be in the form set by the  
27 Claims Processor, and shall be served on, June 1 and November 1 of each calendar year following  
28 the service of the initial Registration List. The updated Report shall be served on the Claims

1 Processor in the manner previously described. The update requirement shall cease upon June 1,  
2 2015.

3 B. *Assistance*: The Settlement Oversight Committee will be available to provide  
4 assistance with registration to *Pro Se* Plaintiffs and Claimants. The assistance provided by the  
5 SOC does not create an attorney-client relationship and any *Pro Se* Plaintiffs and Claimants who  
6 obtain this assistance remain *pro se*.

7 4. *Definitions*:

8 A. *“Primary Law Firm” Defined*: “Primary Law Firm” as used herein shall mean a  
9 single designated law firm primarily responsible for obligations relating to the Final Settlement  
10 Agreement and compliance with any of the Court Orders entered in the jurisdiction in which the  
11 case is pending. Such designation shall be included on the Registration Declaration and the  
12 Registration List. The Registration Declaration shall also include the law firm telephone  
13 number, business address, and names and emails of the Principal Responsible Attorney and an  
14 administrative contact at the law firm who will be handling the case.

15 B. *“Principal Responsible Attorney” Defined*: The Principal Responsible Attorney is  
16 the single attorney jointly identified by the Primary Law Firm and Interested Counsel by name,  
17 state bar number, business address, telephone number, and email address, who will be primarily  
18 responsible to provide notice to the Court and for day to day communications and activities  
19 related to the obligations of those cases identified on the Registration List submitted with each  
20 Registration Declaration of the Primary Law Firm relating to the Final Settlement Agreement and  
21 compliance with any of the Court Orders entered in the jurisdiction in which the case is pending.<sup>1</sup>

22 C. *“Interested Counsel” Defined*: “Interested Counsel” means any Counsel (as  
23 defined) with an Interest (as defined) in a Person, or in a claim or case of a Person who has a  
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25 <sup>1</sup> The designation of a Principal Responsible Attorney is not intended to impact in any  
26 way the rights or obligations of all counsel who represent a client, including all counsel who have  
27 any financial interest in the client’s claim. (“Interested Counsel”), nor shall such designation alter  
28 the relationship among counsel. For any filed case or unfiled claim in which multiple firms have  
been designated as the Primary Law Firm, any dispute over representation that cannot be resolved  
by the law firms may be submitted to the Special Masters under the settlement and affected  
claims will be stayed pending review and resolution .

1 Claim, filed or unfiled, Connected With ASR Hip Implants (as defined). Interested Counsel and  
2 the Primary Law Firm shall jointly be responsible for compliance with any Court Orders.

3 D. “Interest” Defined: “Interest” as used herein shall mean any interest in any ASR  
4 XL, ASR Resurfacing and/or Hemiarthroplasty claims, whether revised or unrevised, in which  
5 counsel: (a) has an engagement or retainer agreement with such claimant; (b) is listed as the  
6 counsel of record for a Plaintiff in any filed pleadings related to the ASR XL, ASR Resurfacing  
7 and/or Hemiarthroplasty claims, (c) has entered an appearance for such Plaintiff, or (d) would  
8 benefit directly or indirectly from any payment to settle any claim of such Plaintiff or Claimant in  
9 connection with ASR XL, ASR Resurfacing and/or Hemiarthroplasty claims; or (e) otherwise  
10 has any financial interest of any kind whatsoever in any ASR XL, ASR Resurfacing and/or  
11 Hemiarthroplasty claim.

12 E. “Counsel” means, with respect to any particular Person, a lawyer and/or law firm  
13 who represents such Person pursuant to a written agreement, or who has an Interest in such  
14 Person’s Claim Connected with ASR Hip Implants.

15 F. “Person” means a natural person, partnership (whether general or limited), limited  
16 liability company, trust, estate, association (including any group, organization, co-tenancy, plan,  
17 board, council or committee), corporation, Governmental Authority, custodian, nominee or any  
18 other individual or entity (or series thereof) in its own or any representative capacity, in each  
19 case, whether domestic or foreign.

20 G. “ASR Revision Surgery,” for purposes of Registration, means a surgery  
21 subsequent to the ASR Index Surgery to remove the cup of an ASR™ XL Acetabular Hip System  
22 (“ASR XL”) or ASR™ Hip Resurfacing System (“ASR Resurfacing”).

23 H. “Connected With ASR Hip Implants” means to any extent, or in any way, arising  
24 out of, relating to, resulting from and/or connected with the implantation, use and/or removal of  
25 the ASR™ XL Acetabular Hip System or ASR™ Hip Resurfacing System, and/or Component  
26 and Ancillary Parts (collectively “ASR Hip Implants”) and/or any injury, losses, or damages  
27 caused or claimed to have been caused, in whole or in part, by any such ASR Hip Implants and/or  
28 revision to remove all or part of such ASR Hip Implants.

1                   5.     Changes In Information:

2                   A. Attorney Obligations. The Primary Law Firm shall serve written notice of any  
3 changes to the information provided on the Registration List, including but not limited to the  
4 acquisition or loss of Primary Law Firm status for the case, any change in information for the  
5 Primary Law Firm, the Principal Responsible Attorney, or administrative contact for the case, any  
6 change in designation of Primary Law Firm status for any case previously listed as “No Primary  
7 Law Firm Designated,” and any other change of any information verified under oath. If the  
8 change is a loss of Primary Law Firm status or loss of an Interest in the case, the notice shall also  
9 identify name of the attorney and/or law firm, telephone number, email, business address of the  
10 new representative for the Plaintiff or Unfiled Claimant or, if none, an affirmation of the Plaintiff  
11 or Unfiled Claimant’s *pro se* status and the telephone number, email and address for the Plaintiff  
12 or Unfiled Claimant. Such written notice must specify the changed circumstances and be served  
13 within 30 days of such change upon the Claims Processor. This obligation shall terminate on  
14 June 1, 2015.

15                   B. *Pro Se* Plaintiffs And Unrepresented Claimants. All *Pro Se* Plaintiffs and  
16 Unrepresented Claimants shall serve written notice of any changes to the information provided on  
17 the Registration List, including but not limited to any change regarding contact information or the  
18 subsequent retention of counsel. If the change of information is the retention of counsel, the *Pro*  
19 *Se* Plaintiff or Claimant shall provide the attorney name, address, telephone number and email  
20 address for counsel. Such written notice must specify the changed circumstances and be served  
21 with 30 days of such change upon the Claims Processor. This obligation shall terminate on June  
22 1, 2015.

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

27                   7.     Compliance With Court Orders: Pursuant to the Agreement of the Parties, all  
28 Plaintiffs and Unfiled Claimants, whether represented or unrepresented by counsel, who elect to

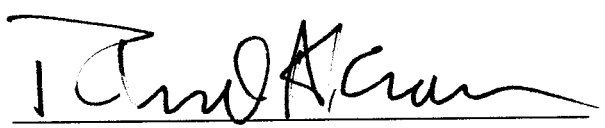
1 participate in the U.S. Program agree to abide by any Orders of the court in which the case is filed  
2 or, if unfiled, by this Court in proceedings in furtherance of the Final Settlement Agreement.

3 8. Joint Database: The Claims Processor shall maintain a database of all cases and  
4 claims identified pursuant to this Order which will be available to DePuy, the Settlement  
5 Oversight Committee and the Court, if requested.

6 9. Cooperation With Other Jurisdictions: This Order is entered in conjunction with  
7 cooperating federal and state court jurisdictions with coordinated proceedings pending in the  
8 MDL (MDL Docket No. 1:10 md-2197 DAK), New Jersey (Master Docket No. BER-L-3971-  
9 11) and Illinois (Case No. 10 L 10506). It is the intention of this Court to work in cooperation  
10 with these courts in a manner that promotes judicial economy and that secures as complete  
11 registration of all claims and potential claims as possible, and to share all information obtained in  
12 the registration process amongst the cooperating courts and their leadership counsel. It is also the  
13 intention of this Court to work in cooperation with any other state court or tribunal in which ASR-  
14 related claims are pending. If there is any dispute concerning the implementation of this Order,  
15 this Court will coordinate conferral among the Courts for resolution of the issue, consistent with  
16 the law of the various jurisdictions.

17  
18 **IT IS SO ORDERED.**

19 Dated: 1-7, 201~~8~~<sup>4</sup>



Hon. Richard A. Kramer  
Judge of the Superior Court

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# EXHIBIT A

# EXHIBIT A TO ORDER REGARDING REGISTRATION OF ASR RELATED CASES AND CLAIMS

## A. Introduction

Welcome to the U.S. ASR Hip Registration Process. This Excel file is required for the submission of information in compliance with the Order on Registration of Claimants ("Registration Order"). You must complete both the "Designation & Certification" and "Claimant List" worksheets. The "Designation & Certification" worksheet is for the entry of information about 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 all ASR Recipients for which you are an Interested Counsel. 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 Settlement Oversight Committee ("SOC") by telephone at (877) 391-3169. You may also contact the Claims Processor by email at [claimsprocessor@usasrhipsettlement.com](mailto:claimsprocessor@usasrhipsettlement.com).

## 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 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.

## U.S. ASR HIP REGISTRATION CERTIFICATION AND DESIGNATION OF PRIMARY LAW FIRM WITH CONTACT INFORMATION

### 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. 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):

	Case Management Order No. X entered on X, 2013 by the United States District Court for the Northern District of Ohio in Master Docket No. 10-md-02197
	Order entered on X, 2013 by the Superior Court of New Jersey Law Division: Bergen County, Master Docket No. BER-L-3971-11
	Order entered on X, 2013 by the Superior Court of California, San Francisco County in JCCP No. 4649
	Case Management Order No. X entered on X, 2013 by Circuit Court of Cook County, Illinois in Case No. 10 L 10506

\*\* For any claimant with a case pending in a state court that is not one of the Coordinated Proceedings in California, New Jersey or Illinois, or for any claimant who does not have a case pending in any court, check that you are making this Certification pursuant to the Federal MDL Order.

I hereby certify under penalty of perjury pursuant to 28 U.S.C. §1746 that the Registration List served with this certification identifies all filed cases and unfiled claims in which my firm is the Primary Law Firm, identifies all Interested Counsel for each filed case or unfiled claim, and provides accurate and complete claim-related information, in compliance with the Order Regarding Registration of ASR Related Cases and Claims.

<b>16. Principal Responsible Attorney Signature<sup>1</sup></b>	s/
<b>17. Date Signed</b>	

An electronic signature denoted by "s/" is considered as binding as an original signature pursuant to FRCP 5(d)(3) and L.R.5.1(b).



<b>B. LEGAL REPRESENTATIVE INFORMATION</b>				
10. Does the Claimant have a Legal Representative? (Yes/No)	11. Legal Representative's Last Name	12. Legal Representative's First Name	13. Legal Representative's Middle Name or Initial	14. Reason for Legal Representative (Deceased Claimant/Claimant is Incompetent)
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If you answered Yes to Question 10, enter the information requested regarding the Legal Representative of the claimant. (These cells will turn black to indicate when you should not enter information.)

If you answer No to this question, do not answer Questions 11 - 14.

C. LAWSUIT INFORMATION				
	If you entered Filed Case for Question 15, enter the information requested regarding the current lawsuit related to the ASR product. (These cells will turn black to indicate when you should not enter information.)			
15. Is There a Filed Case, or is the Claim Unfiled? (Filed Case/ Unfiled Claim)	16. Case Caption	17. Case Number	18. Current Venue of Court Case (See Drop-down list for options)	19. Other State Court
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D. SPOUSAL INFORMATION			
If you answer No to this question, do not answer Questions 21 - 23.	If you answered Yes to Question 20, enter the name of the claimant's spouse in these columns. (These cells will turn black to indicate when you should not enter information.)		
20. Is the Claimant Married? (Yes/No)	21. Spouse's Last Name	22. Spouse's First Name	23. Spouse's Middle Name or Initial
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C- LAW FIRM INFORMATION		H- INTERESTED COUNSEL INFORMATION			
If you answered No to this question, do not answer Questions 43.	If you answered Yes to Question 42, enter the information about the claimant's law firm. (This cell will turn black to indicate when you should not enter information.)	If you answer No to this question, do not answer Questions 45-47	If you answered Yes to Question 44, enter information regarding the First Interested Counsel other than the Primary Law Firm. (These cells will turn black to indicate when you should not enter information.)		
42. Is the Claimant Represented by an Attorney?	43. Is the Law Firm Identified on the Designation & Certification Worksheet Acting as the Primary Law Firm for this Claimant? (Yes/No)	44. Is There Interested Counsel Other than the Primary Law Firm? (Yes/No)	45. First Interested Counsel's Name or Law Firm Name	46. First Interested Counsel's City	47. First Interested Counsel's State
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<b>I. SECOND INTERESTED COUNSEL INFORMATION</b>				
	If you answered Yes to Question 48, enter information regarding the Second Interested Counsel other than the Primary Law Firm or Interested Counsel Listed in Question 45. If there are more than two Interested Counsel, create a separate list and submit it along with this spreadsheet. (These cells will turn black to indicate when you should not enter information.)			
If you answer No to this question, do not answer Questions 49-51.	48. Is There a Second Interested Counsel Other than the Primary Law Firm and Interested Counsel Listed in Question 45? (Yes/No)	49. Second Interested Counsel's Name or Law Firm Name	50. Second Interested Counsel's City	51. Second Interested Counsel's State
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# U.S. ASR HIP REGISTRATION SPREADSHEET INSTRUCTIONS

Question	Column Header	Drop-Down Choices	Instructions	
<b>A. Demographic Information For Claimants</b>				
1.	Unique ID Assigned by Law Firm		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.	<u>Return to Claimant List</u>
2.	Last Name		Enter the claimant's last name.	<u>Return to Claimant List</u>
3.	First Name		Enter the claimant's first name.	<u>Return to Claimant List</u>
4.	Middle Name or Initial		Enter the claimant's middle name or initial.	<u>Return to Claimant List</u>
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.	<u>Return to Claimant List</u>
6.	Date of Birth		Enter the claimant's Date of Birth using the MM/DD/YYYY format.	<u>Return to Claimant List</u>
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.	<u>Return to Claimant List</u>
8.	City		Enter the claimant's current city of residence.	<u>Return to Claimant List</u>
9.	State	List of US states and territories	Enter the claimant's current state of residence.	<u>Return to Claimant List</u>
<b>B. Legal Representative Information</b>				
10.	Does the Claimant have a Legal Representative?	Yes No	Enter Yes if the claimant has a Legal Representative and answer Questions 11-14.	<u>Return to Claimant List</u>
11.	Legal Representative's Last Name		If the answer to Question 10 is Yes, enter the Legal Representative's last name.	<u>Return to Claimant List</u>
12.	Legal Representative's First Name		If the answer to Question 10 is Yes, enter the Legal Representative's first name.	<u>Return to Claimant List</u>

**U.S. ASR HIP REGISTRATION SPREADSHEET INSTRUCTIONS**

Question	Column Header	Drop-Down Choices	Instructions
13.	Legal Representative's Middle Name or Initial		If the answer to Question 10 is Yes, enter the Legal Representative's middle name or initial.
14.	Reason for Legal Representative	Claimant Deceased Claimant is Incompetent	If the answer to Question 10 is Yes, enter the reason that the claimant has a Legal Representative.
<b>C. Lawsuit Information</b>			
15.	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 ASR product and answer Questions 16-19. Enter Unfiled Claim if the claimant or the claimant's Legal Representative did not file a lawsuit to recover injuries related to an ASR product and do not answer Questions 16-19.
16.	Case Caption		If the answer to Question 15 is Filed Case, enter the caption (Plaintiff vs. Defendant) of the case filed by the claimant.
17.	Case Number		If the answer to Question 15 is Filed Case, enter the case number of the case filed by the claimant or the claimant's Legal Representative.
18.	Current Venue of Court Case	MDL 2197 (OHND) CAJCCP 4649 NJ BER-L-3971-11 IL 10-L-10506 Other State	If the answer to Question 15 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 19.
19.	Other State Court	List of US states and territories	If the answer to Question 15 is Filed Case and the answer to Question 18 is Other State, enter the state where the case is pending using the drop down list.
<b>D. Spousal Information</b>			
20.	Is the Claimant Married?	Yes No	Enter Yes if the claimant is married and answer Questions 21-23.
21.	Spouse's Last Name		If the answer to Question 20 is Yes, enter the spouse's last name.
22.	Spouse's First Name		If the answer to Question 20 is Yes, enter the spouse's first name.

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**Instructions**

**Drop-Down Choices**

**Column Header**

Question	Column Header	Drop-Down Choices	Instructions	Return to Claimant List
23.	Spouse's Middle Name or Initial		If the answer to Question 20 is Yes, enter the spouse's middle name or initial.	<u>Return to Claimant List</u>
<b>E. Left Hip Implant Surgery Information</b>				
24.	Did the Claimant Have an ASR Product Implanted in His/Her Left Hip?	Yes No	Enter Yes if the claimant underwent a surgery to implant an ASR Product in his/her left hip and answer Questions 25-32 as applicable.	<u>Return to Claimant List</u>
25.	Date of Left ASR Implant Surgery		If the answer to Question 24 is Yes, enter the date of the claimant's surgery to implant an ASR Product in his/her left hip.	<u>Return to Claimant List</u>
26.	Place of Left ASR Implant Surgery		If the answer to Question 24 is Yes, enter the location of the hospital where the claimant underwent a surgery to implant an ASR Product in his/her left hip.	<u>Return to Claimant List</u>
27.	Left Hip ASR Product	ASR XL ASR Resurfacing	If the answer to Question 24 is Yes, enter the type of ASR Product that the claimant received in his/her left hip. The two options are the ASR™ XL Acetabular Hip System ("ASR XL") or the ASR™ Hip Resurfacing System ("ASR Resurfacing").	<u>Return to Claimant List</u>
28.	Did the Claimant Undergo a Revision Surgery Involving the Left ASR Implant?	Yes No	If the answer to Question 24 is Yes, enter Yes or No depending on whether the claimant underwent a revision surgery on his/her left hip subsequent to the ASR Index Surgery to remove the ASR XL or ASR Resurfacing. If the answer is Yes, answer Questions 28-31 as applicable.	<u>Return to Claimant List</u>
29.	Date of Left Revision #1		If the answer to Questions 24 and 27 are Yes, enter the date of the claimant's revision surgery related to the left hip. 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.	<u>Return to Claimant List</u>
30.	Date of Left Revision #2		If the answer to Questions 24 and 27 are Yes and the claimant underwent a second revision surgery related to the left hip, enter the second date in this column. Leave this field blank if the claimant did not undergo a second revision surgery.	<u>Return to Claimant List</u>
31.	Date of Left Revision #3		If the answer to Questions 24 and 27 are Yes and the claimant underwent a third revision surgery related to the left hip, enter the third date in this column. Leave this field blank if the claimant did not undergo a third revision surgery.	<u>Return to Claimant List</u>

**U.S. ASR HIP REGISTRATION SPREADSHEET INSTRUCTIONS**

Question	Column Header	Drop-Down Choices	Instructions
32.	Date of Left Revision #4		If the answer to Questions 24 and 27 are Yes and the claimant underwent a fourth revision surgery related to the left hip, enter the fourth date in this column. Leave this field blank if the claimant did not undergo a fourth revision surgery.
<b>F. Right Hip Implant Surgery Information</b>			
33.	Did the Claimant have an ASR Product Implanted in His/Her Right Hip?	Yes No	Enter Yes if the claimant underwent a surgery to implant an ASR Product in his/her right hip and answer Questions 34-41 as applicable.
34.	Date of Right ASR Implant Surgery		If the answer to Question 33 is Yes, enter the date of the claimant's surgery to implant an ASR Product in his/her left hip.
35.	Place of Right ASR Implant Surgery		If the answer to Question 33 is Yes, enter the location of the hospital where the claimant underwent a surgery to implant an ASR Product in his/her right hip.
36.	Right Hip ASR Product	ASR XL ASR Resurfacing	If the answer to Question 33 is Yes, enter the type of ASR Product that the claimant received in his/her right hip. The two options are the ASR™ XL Acetabular Hip System ("ASR XL") or the ASR™ Hip Resurfacing System ("ASR Resurfacing").
37.	Did the Claimant Undergo a Revision Surgery Involving the Right ASR Implant?	Yes No	If the answer to Question 33 is Yes, enter Yes or No depending on whether the claimant underwent a revision surgery on his/her right hip subsequent to the ASR Index Surgery to remove the ASR XL or ASR Resurfacing. If the answer is Yes, answer Questions 38-41 as applicable.
38.	Date of Right Revision #1		If the answer to Questions 33 and 37 are Yes, enter the date of the claimant's revision surgery related to the right hip. 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.
39.	Date of Right Revision #2		If the answer to Questions 33 and 37 are Yes and the claimant underwent a second revision surgery related to the right hip, enter the second date in this column. Leave this field blank if the claimant did not undergo a second revision surgery.
40.	Date of Right Revision #3		If the answer to Questions 33 and 37 are Yes and the claimant underwent a third revision surgery related to the right hip, enter the third date in this column. Leave this field blank if the claimant did not undergo a third revision surgery.

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Question	Column Header	Drop-Down Choices	Instructions	Return to Claimant List
41.	Date of Right Revision #4		If the answer to Questions 33 and 37 are Yes and the claimant underwent a fourth revision surgery related to the right hip, enter the fourth date in this column. Leave this field blank if the claimant did not undergo a fourth revision surgery.	<u>Return to Claimant List</u>
<b>G. Law Firm Information</b>				
42.	Is the Claimant Represented by an Attorney?	Yes No	Enter Yes if the claimant is represented by an attorney and answer Questions 43.	<u>Return to Claimant List</u>
43.	Is the Law Firm Identified on the Designation & Certification Worksheet Acting as the Primary Law Firm for this Claimant?	Yes No	If the answer to Question 42 is Yes, enter whether the law firm completing this spreadsheet, identified as the Primary Law Firm on the Designation and Certification worksheet in this spreadsheet, is acting as the Primary Law Firm for the particular claimant.	<u>Return to Claimant List</u>
<b>H. Interested Counsel Information</b>				
44.	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 45-48.	<u>Return to Claimant List</u>
45.	First Interested Counsel's Name or Law Firm Name		If the answer to Question 44 is Yes, enter the name of Interested Counsel, or the name of Interested Counsel's firm.	<u>Return to Claimant List</u>
46.	First Interested Counsel's City		If the answer to Question 44 is Yes, enter the city where Interested Counsel is located.	<u>Return to Claimant List</u>
47.	First Interested Counsel's State	List of US states and territories	If the answer to Question 44 is Yes, enter the state where Interested Counsel is located.	<u>Return to Claimant List</u>
<b>I. Second Interested Counsel Information</b>				
48.	Is There a Second Interested Counsel Other than the Primary Law Firm and Interested Counsel Listed in Question 45?	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 49-51. If there are more than two Interested Counsel, create a separate list and submit it along with a completed spreadsheet.	<u>Return to Claimant List</u>
49.	Second Interested Counsel's Name or Law Firm Name		If the answer to Question 48 is Yes, enter the name of Interested Counsel, or the name of Interested Counsel's firm.	<u>Return to Claimant List</u>



**U.S. ASR HIP REGISTRATION SPREADSHEET INSTRUCTIONS**

Question	Column Header	Drop-Down Choices	Instructions
50.	Second Interested Counsel's City		If the answer to Question 48 is Yes, enter the city where Interested Counsel is located.
51.	Second Interested Counsel's State	List of US states and territories	If the answer to Question 48 is Yes, enter the state where Interested Counsel is located.

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