



identifying all Interested Counsel in each filed case or unfiled claim and (iii) designate the Primary Law Firm and contacts as set forth below. The Registration Declaration, the form of Registration Lists, and the *Pro Se* Affidavit will be made available through the Claims Processor in a form materially similar to Exhibit A to this Order.

2. Obligations of Counsel:

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

B. *Information to be Provided Regarding Filed Cases* : For each filed case, Counsel shall identify on the Registration List all cases that are filed in these proceedings or in any other federal or state court or tribunal in the United States in which they serve

as the Primary Law Firm as of the date of this Order, the identity of the Principal Responsible Attorney for each filed case and all Interested Counsel for each filed case, and the case and claim related information on the form Registration List.

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

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

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

F. *Updates Regarding Change in Status* : The Primary Law Firm shall serve an updated Report regarding any change in status of any Plaintiff or Unfiled Claimant identified on their Registration List. The updated Report shall be in the form set by the Claims Processor, and shall include changes in status to both unrevised Plaintiffs and Unfiled Claimants and Plaintiffs and Unfiled Claimants with subsequent additional revision surgeries. The Report shall be updated on June 1 and November 1 of each calendar year following the service of the initial Registration List, and shall be served on the Claims Processor who will promptly distribute to DePuy and the SOC. The updating requirement shall cease upon June 1, 2015.

3. *Pro Se Plaintiffs And Unrepresented Claimants*: All persons who represent themselves *pro se* in these proceedings and all Unrepresented Claimants with unfiled ASR related claims who wish to participate in the U.S. Program voluntarily (collectively “*Pro Se Plaintiffs and Claimants*”), shall complete the *Pro Se* Registration form which can be obtained by going to the Claims Processor website, [www.USASRHipsettlement.com](http://www.USASRHipsettlement.com), clicking on the “Registration Button” and following the instructions. The completed *Pro Se* Registration form shall be submitted to the Claims Processor (as formatted, for the accurate and efficient transfer of the required information) no later than January 6, 2014. To submit these materials, go to [www.USASRHipsettlement.com](http://www.USASRHipsettlement.com), click the “Registration Button” and follow the upload instructions. **UPLOADING THE *PRO SE* REGISTRATION FORM ON THE USASRHIPSETTLEMENT WEBSITE IN NO WAY SIGNIFIES A CLAIMANT’S**

**COMMITMENT OR INTENT TO ENROLL IN THE U.S. PROGRAM. NOR DOES IT AFFECT A CLAIMANT'S ELIGIBILITY TO ENROLL AND RECEIVE BENEFITS IN THE U.S. PROGRAM.**

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

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

A. *Updates Regarding Change in Status* : All *Pro Se* Plaintiffs and Claimants shall serve an updated Report regarding any change in status of their ASR-related claim, and shall include changes in status to both unrevised *Pro Se* Plaintiff and Claimants and information concerning subsequent additional revision surgeries. The updated Report shall be in the form set by the Claims Processor, and shall be served on, June 1 and November 1 of each calendar year following the service of the initial Registration List. The updated Report shall be served on the Claims Processor in the manner previously described. The update requirement shall cease upon June 1, 2015.

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

4. Definitions:

A. *“Primary Law Firm” Defined:* “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 any of 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.

B. *“Principal Responsible Attorney” Defined:* The Principal Responsible Attorney is 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.<sup>1</sup>

C. *“Interested Counsel” Defined:* “Interested Counsel” means any Counsel (as defined) with an Interest (as defined) in a Person, or in a claim or case of a Person

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<sup>1</sup> The designation of a Principal Responsible Attorney is not intended to impact in any way the rights or obligations of all counsel who represent a client, including all counsel who have any financial interest in the client’s claim. (“Interested Counsel”), nor shall such designation alter 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 .

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

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

E. “Counsel” 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 Person’s Claim Connected with ASR Hip Implants.

F. “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) in its own or any representative capacity, in each case, whether domestic or foreign.

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

H. “Connected With ASR Hip Implants” 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 ASR™ XL Acetabular Hip System or ASR™ Hip Resurfacing System, and/or Component and Ancillary Parts (collectively “ASR Hip Implants”) and/or any injury, losses, or damages caused or claimed to have been caused, in whole or in part, by any such ASR Hip Implants and/or revision to remove all or part of such ASR Hip Implants.

5. Changes In Information:

A. Attorney Obligations. The Primary Law Firm shall serve written notice of any changes to the information provided on the Registration List, including but not limited to the acquisition or loss of Primary Law Firm status for the case, any change in information for the Primary Law Firm, the Principal Responsible Attorney, or administrative contact for the case, any change in designation of Primary Law Firm status for any case previously listed as “No Primary Law Firm Designated,” and any other change of any information verified under oath. If the change is a loss of Primary Law Firm status or loss of an Interest in the case, the notice shall also identify name of the attorney and/or law firm, telephone number, email, business address of the new representative for the Plaintiff or Unfiled Claimant or, if none, an affirmation of the Plaintiff or Unfiled Claimant’s *pro se* status and the telephone number, email and address for the Plaintiff or

Unfiled Claimant. Such written notice must specify the changed circumstances and be served within 30 days of such change upon the Claims Processor. This obligation shall terminate on June 1, 2015.

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

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

7. Compliance With Court Orders: Pursuant to the Agreement of the Parties, all Plaintiffs and Unfiled Claimants, whether represented or unrepresented by counsel, who elect to participate in the U.S. Program agree to abide by any Orders of the court in which the case is filed or, if unfiled, by this Court in these federal MDL proceedings in furtherance of the Final Settlement Agreement, including MDL Case Management Order 13 and any amendments thereto ("CMO 13"). Also pursuant to the terms of the Final Settlement Agreement, all Interested Counsel agree to abide by CMO 13, and permit the holdback of a percentage of fees and a

percentage of costs from any final award/gross, gross monetary recovery as approved by the Court.

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

9. Cooperation With Other Jurisdictions: This Order is entered in conjunction with cooperating state court jurisdictions with coordinated proceedings pending in California (JCCP 4649), New Jersey (Master Docket No. BER-L-3971-11) and Illinois (Case No. 10 L 10506). It is the intention of this Court to work in cooperation with these courts in a manner that promotes judicial economy and that secures as complete registration of all claims and potential claims as possible, and to share all information obtained in the registration process amongst the cooperating courts and their leadership counsel. It is also the intention of this Court to work in cooperation with any other state court or tribunal in which ASR-related claims are pending. If there is any dispute concerning the implementation of this Order, this Court will coordinate conferral among the Courts for resolution of the issue, consistent with the law of the various jurisdictions.

IT IS SO ORDERED.

Dated: November 22, 2013

s/ David A. Katz  
Hon. David A. Katz  
United States District Court Judge



## 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@usashipsettlement.com](mailto:claimsprocessor@usashipsettlement.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. LEGAL REPRESENTATIVE INFORMATION					
	If you answer No to this question, do not answer Questions 11 - 14.	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.)			
	<b>10. Does the Claimant have a Legal Representative? (Yes/No)</b>	<b>11. Legal Representative's Last Name</b>	<b>12. Legal Representative's First Name</b>	<b>13. Legal Representative's Middle Name or Initial</b>	<b>14. Reason for Legal Representative (Deceased Claimant/Claimant is Incompetent)</b>
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C. LAWSUIT INFORMATION				
If you answer Unfiled Claim to this question, do not answer Questions 16 - 19.	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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G. LAW FIRM INFORMATION		H. INTERESTED COUNSEL INFORMATION			
If you answer 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.)		
	<b>42. Is the Claimant Represented by an Attorney?</b>		<b>43. Is the Law Firm Identified on the Designation &amp; Certification Worksheet Acting as the Primary Law Firm for this Claimant? (Yes/No)</b>	<b>44. Is There Interested Counsel Other than the Primary Law Firm? (Yes/No)</b>	<b>45. First Interested Counsel's Name or Law Firm Name</b>
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I. SECOND INTERESTED COUNSEL INFORMATION				
	If you answer No to this question, do not answer Questions 49-51.	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.)		
	<b>48. Is There a Second Interested Counsel Other than the Primary Law Firm and Interested Counsel Listed in Question 45? (Yes/No)</b>	<b>49. Second Interested Counsel's Name or Law Firm Name</b>	<b>50. Second Interested Counsel's City</b>	<b>51. Second Interested Counsel's State</b>
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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.	<b>Unique ID Assigned by Law Firm</b>		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>City</b>		Enter the claimant's current city of residence.	<a href="#">Return to Claimant List</a>
9.	<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>				
10.	<b>Does the Claimant have a Legal Representative?</b>	Yes No	Enter Yes if the claimant has a Legal Representative and answer Questions 11-14.	<a href="#">Return to Claimant List</a>
11.	<b>Legal Representative's Last Name</b>		If the answer to Question 10 is Yes, enter the Legal Representative's last name.	<a href="#">Return to Claimant List</a>
12.	<b>Legal Representative's First Name</b>		If the answer to Question 10 is Yes, enter the Legal Representative's first name.	<a href="#">Return to Claimant List</a>

## U.S. ASR HIP REGISTRATION SPREADSHEET INSTRUCTIONS

Question	Column Header	Drop-Down Choices	Instructions	
13.	<b>Legal Representative's Middle Name or Initial</b>		If the answer to Question 10 is Yes, enter the Legal Representative's middle name or initial.	<a href="#">Return to Claimant List</a>
14.	<b>Reason for Legal Representative</b>	Claimant Deceased Claimant is Incompetent	If the answer to Question 10 is Yes, enter the reason that the claimant has a Legal Representative.	<a href="#">Return to Claimant List</a>
<b>C. Lawsuit Information</b>				
15.	<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 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.	<a href="#">Return to Claimant List</a>
16.	<b>Case Caption</b>		If the answer to Question 15 is Filed Case, enter the caption (Plaintiff vs. Defendant) of the case filed by the claimant.	<a href="#">Return to Claimant List</a>
17.	<b>Case Number</b>		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.	<a href="#">Return to Claimant List</a>
18.	<b>Current Venue of Court Case</b>	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.	<a href="#">Return to Claimant List</a>
19.	<b>Other State Court</b>	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.	<a href="#">Return to Claimant List</a>
<b>D. Spousal Information</b>				
20.	<b>Is the Claimant Married?</b>	Yes No	Enter Yes if the claimant is married and answer Questions 21-23.	<a href="#">Return to Claimant List</a>
21.	<b>Spouse's Last Name</b>		If the answer to Question 20 is Yes, enter the spouse's last name.	<a href="#">Return to Claimant List</a>
22.	<b>Spouse's First Name</b>		If the answer to Question 20 is Yes, enter the spouse's first name.	<a href="#">Return to Claimant List</a>

## U.S. ASR HIP REGISTRATION SPREADSHEET INSTRUCTIONS

Question	Column Header	Drop-Down Choices	Instructions	
23.	<b>Spouse's Middle Name or Initial</b>		If the answer to Question 20 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>				
24.	<b>Did the Claimant Have an ASR Product Implanted in His/Her Left Hip?</b>	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.	<a href="#">Return to Claimant List</a>
25.	<b>Date of Left ASR Implant Surgery</b>		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.	<a href="#">Return to Claimant List</a>
26.	<b>Place of Left ASR Implant Surgery</b>		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.	<a href="#">Return to Claimant List</a>
27.	<b>Left Hip ASR Product</b>	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").	<a href="#">Return to Claimant List</a>
28.	<b>Did the Claimant Undergo a Revision Surgery Involving the Left ASR Implant?</b>	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.	<a href="#">Return to Claimant List</a>
29.	<b>Date of Left Revision #1</b>		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.	<a href="#">Return to Claimant List</a>
30.	<b>Date of Left Revision #2</b>		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.	<a href="#">Return to Claimant List</a>
31.	<b>Date of Left Revision #3</b>		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.	<a href="#">Return to Claimant List</a>

## U.S. ASR HIP REGISTRATION SPREADSHEET INSTRUCTIONS

Question	Column Header	Drop-Down Choices	Instructions	
32.	<b>Date of Left Revision #4</b>		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.	<a href="#">Return to Claimant List</a>
<b>F. Right Hip Implant Surgery Information</b>				
33.	<b>Did the Claimant have an ASR Product Implanted in His/Her Right Hip?</b>	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.	<a href="#">Return to Claimant List</a>
34.	<b>Date of Right ASR Implant Surgery</b>		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.	<a href="#">Return to Claimant List</a>
35.	<b>Place of Right ASR Implant Surgery</b>		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.	<a href="#">Return to Claimant List</a>
36.	<b>Right Hip ASR Product</b>	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").	<a href="#">Return to Claimant List</a>
37.	<b>Did the Claimant Undergo a Revision Surgery Involving the Right ASR Implant?</b>	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.	<a href="#">Return to Claimant List</a>
38.	<b>Date of Right Revision #1</b>		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.	<a href="#">Return to Claimant List</a>
39.	<b>Date of Right Revision #2</b>		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.	<a href="#">Return to Claimant List</a>
40.	<b>Date of Right Revision #3</b>		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.	<a href="#">Return to Claimant List</a>

## U.S. ASR HIP REGISTRATION SPREADSHEET INSTRUCTIONS

Question	Column Header	Drop-Down Choices	Instructions	
41.	<b>Date of Right Revision #4</b>		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.	<a href="#">Return to Claimant List</a>
<b>G. Law Firm Information</b>				
42.	<b>Is the Claimant Represented by an Attorney?</b>	Yes No	Enter Yes if the claimant is represented by an attorney and answer Questions 43.	<a href="#">Return to Claimant List</a>
43.	<b>Is the Law Firm Identified on the Designation &amp; Certification Worksheet Acting as the Primary Law Firm for this Claimant?</b>	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.	<a href="#">Return to Claimant List</a>
<b>H. Interested Counsel Information</b>				
44.	<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 45-48.	<a href="#">Return to Claimant List</a>
45.	<b>First Interested Counsel's Name or Law Firm Name</b>		If the answer to Question 44 is Yes, enter the name of Interested Counsel, or the name of Interested Counsel's firm.	<a href="#">Return to Claimant List</a>
46.	<b>First Interested Counsel's City</b>		If the answer to Question 44 is Yes, enter the city where Interested Counsel is located.	<a href="#">Return to Claimant List</a>
47.	<b>First Interested Counsel's State</b>	List of US states and territories	If the answer to Question 44 is Yes, enter the state where Interested Counsel is located.	<a href="#">Return to Claimant List</a>
<b>I. Second Interested Counsel Information</b>				
48.	<b>Is There a Second Interested Counsel Other than the Primary Law Firm and Interested Counsel Listed in Question 45?</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 49-51. 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>
49.	<b>Second Interested Counsel's Name or Law Firm Name</b>		If the answer to Question 48 is Yes, enter the name of Interested Counsel, or the name of Interested Counsel's firm.	<a href="#">Return to Claimant List</a>

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

<b>Question</b>	<b>Column Header</b>	<b>Drop-Down Choices</b>	<b>Instructions</b>	
50.	Second Interested Counsel's City		If the answer to Question 48 is Yes, enter the city where Interested Counsel is located.	<a href="#">Return to Claimant List</a>
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.	<a href="#">Return to Claimant List</a>