

EXHIBIT A – DUROM CUP INVENTORY REGISTRATION FORM

On or before April 29, 2016, all counsel who participate in the Settlement Program must register each claimant they represent, regardless of whether the claimant is eligible for the Settlement Program, by serving Exhibit A on Zimmer.

INSTRUCTIONS

1. Claimants who are not represented by counsel and who wish to participate in the Settlement Program must serve Exhibit B on Zimmer and not Exhibit A.
2. The purpose of Exhibit A is the disclosure of the entire inventory of Durom Cup claimants for each law firm that participates in the Settlement Program, regardless of whether the claimant is eligible for the Settlement Program. Additional pages should be added as needed.
3. If the claimant is eligible for the Settlement Program, counsel must also serve on Zimmer a Categorization and Award Amount Form for each claimant by May 31, 2016 (Exhibit C).
4. Service on Zimmer must be completed by mail to the address below or by using the Submit Your Forms button at duromsettlement.com.
 Attn: Durom Settlement Program
 Faegre Baker Daniels LLP
 110 W. Berry Street, Ste. 2400
 Fort Wayne, Indiana 46802
5. For more information, please visit www.duromsettlement.com, or contact counsel for Zimmer at info@duromsettlement.com.

COUNSEL

1. Primary Attorney	Last	First	Middle Initial
2. Law Firm			
3. Address	Street		
	City	State	Zip
4. Telephone			
5. Facsimile			
6. Email			

My law firm and I represent _____ Durom Cup claimants.

Questions and Comments:

CLAIMANT NO. ____			
1. Name	Last	First	Middle Initial
2. DOB (MM/DD/YYYY)	3. SSN		
4. U.S. Citizen on Date of Implant	<input type="checkbox"/> Yes or <input type="checkbox"/> No		
5. Jurisdiction	Court _____	<input type="checkbox"/> Unfiled	
	Case No. _____		
LEFT HIP			
6. Date of Implant Surgery (MM/DD/YYYY)	<input type="checkbox"/> N/A, skip 7 – 13		
7. Product ID	Name	Catalog No.	Lot No.
8. Implant Hospital	Name & Street		
	City	State	Zip
9. Implant Surgeon	Last	First	Middle Initial
10. Date of Revision Surgery, defined as the removal of the Durom Cup (MM/DD/YYYY)	<input type="checkbox"/> N/A, skip 11 – 13		
11. Revision Product ID	Name	Catalog No.	Lot No.
12. Revision Hospital	Name & Street		
	City	State	Zip
13. Revision Surgeon	Last	First	Middle Initial
RIGHT HIP			
14. Date of Implant Surgery (MM/DD/YYYY)	<input type="checkbox"/> N/A, skip 15 – 21		
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CERTIFICATION BY COUNSEL

I declare under penalty of perjury under the laws of the United States of America that all of the information provided in and with this Durom Cup Inventory Registration Form is true and correct to the best of my knowledge and belief and that this is a complete listing of all Durom Cup claimants represented by my law firm.

I understand that I have the obligation to serve an amended Durom Cup Inventory Registration Form if any information provided changes before May 31, 2016.

Counsel's Signature		Date	
Printed Name			
Law Firm			