

COURT REPORT NO. 4

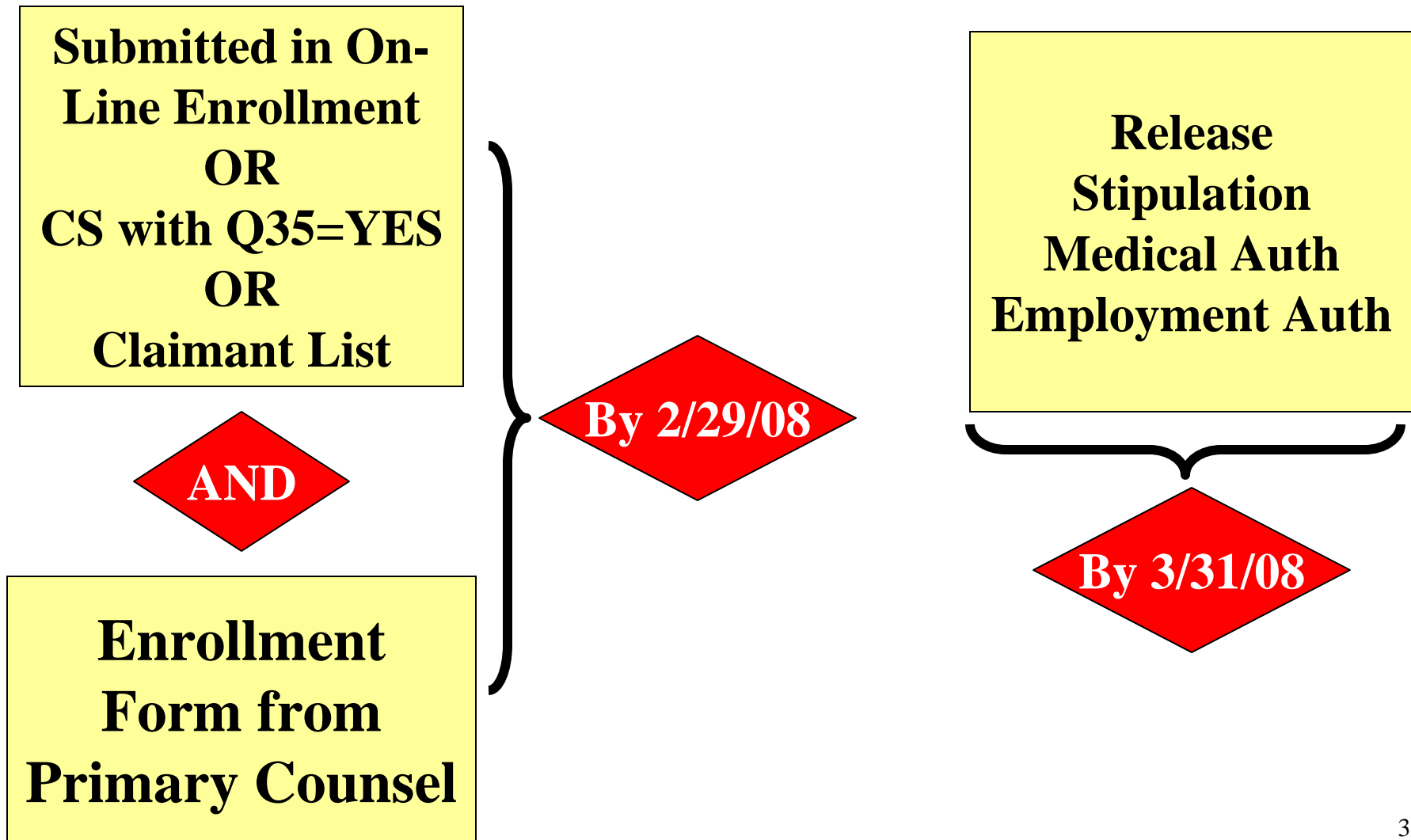
March 25, 2008

SUBMITTED FOR REGISTRATION

(As of 3/24/08)

	BY 1/15/08	AFTER 1/15/08	TOTALS
Primary Counsel	57,304 (822 firms)	875 (87 new firms)	58,179 (909 firms)
Pro Ses	291	101	392
TOTALS	57,595	976	58,571
Excluding “Other”	49,121	760	49,881

Second Amendment Enrollment for Interim Payment: Represented



SECOND AMENDMENT ENROLLED BY 2/29/08
(As of 3/24/08)

1.	Submitted On-Line	29,673
2.	Claimant Spreadsheet Q35=YES	19,540
3.	Claimant List	44
4.	Less Duplicates and Overlaps	(122)
5.	TOTAL FROM PRIMARY COUNSEL	49,135
6.	Pro Se Claimants with Enrollment Forms	233
TOTAL CLAIMANTS		49,368
Less 3,564 asserting "Other" Injury		45,804

SECOND AMENDMENT ENROLLED AFTER 2/29/08
(As of 3/24/08)

1.	Submitted On-Line	179
2.	Claimant Spreadsheet Q35=YES	435
3.	Claimant List	0
4.	Less Duplicates and Overlaps	0
5.	TOTAL FROM PRIMARY COUNSEL	614
6.	Pro Se Claimants with Enrollment Forms	22
TOTAL CLAIMANTS		636
Less 156 asserting "Other" Injury		480

TOTAL SECOND AMENDMENT ENROLLED
(As of 3/24/08)

1.	Submitted On-Line	29,852
2.	Claimant Spreadsheet Q35=YES	19,975
3.	Claimant List	44
4.	Less Duplicates and Overlaps	(122)
5.	TOTAL FROM PRIMARY COUNSEL	49,749
6.	Pro Se Claimants with Enrollment Forms	255
TOTAL CLAIMANTS		50,004
Less 3,720 asserting “Other” Injury		46,284

ENROLLMENT MATERIALS SUBMITTED (As of 3/24/08)				
	RELEASES	STIPS	MED AUTHS	EMP AUTHS
862 PRIMARY COUNSEL	39,609	27,428	38,916	25,703
PRO SES	259	4	260	203
TOTALS	39,868	27,432	39,176	25,906

Review of Enrollment Documents

Vioxx Portal User Manual

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Status of Enrollment Documents

This page allows you to see what Enrollment Documents the Claims Administrator has received for each of your Claimants, whether the Claims Administrator has reviewed the document, and whether the Claims Administrator has found any Deficiencies in the document, applying the Completeness Criteria for these documents agreed upon by the Parties to this Settlement Program. You may view Claimants individually or in groups by using the Search function. After you execute a Search, your results will provide you with further information and instructions.

You may search Claimants by VCN or Last Name. To move to a portion of your Claimant list by alphabetical order, you may search by the first letter of a Last Name. For example, a search for "S" will take you to the first Last Name beginning with "S".

[Back To Enrollment Main Page](#)

Search Type :

Specific search Search All

VCN :

Last Name :

A list of your Claimants appears below. "Received" means that the Claims Administrator has received the document. "Deficiency" means that the Claims Administrator has reviewed the document and found a deficiency that you must cure. Click on "Deficiency" to view the deficiency found and the action required to cure it. "No Current Deficiency" (NCD below) means that the Claims Administrator has reviewed the document and has no deficiencies that need noting at this time. You may receive future notices regarding issues in any of these documents in addition to the ones noted below.

Search Results:- You may sort each column by clicking on the header for that column.

<u>VCN</u>	<u>Name</u>	<u>Release</u>	<u>Stipulation</u>	<u>MA</u>	<u>EA</u>
1005736	Tester, Terry	Deficiency	NCD	Received	Received

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Deficiencies- Release

VCN: 1005736 Name: Test, Terry

Print

Document Type: Release

Deficiency	Cure Action
R-3 - A person with name other than the Claimant's name signed and does not appear to be a Representative Claimant.	Prepare and send a replacement Release signed by the Claimant. No need to send other signature pages unless required below.
R-4 - The Release was signed in the Claimant's name by a person stating to have Power of Attorney.	Prepare and send a replacement Release signed by the Claimant. No need to send other signature pages unless required below.
R-6 - There were Material Alterations in the Release (missing pages from a Release; crossed out words or sections; attempted change of Release terms).	Prepare and send a complete replacement Release signed by the Claimant, all Derivative Claimants and all Counsel.

Close

A list
mean
view
Admi

regarding issues in any of these documents in addition to the ones noted below.

Search Results:- You may sort each column by clicking on the header for that column.

Pro Se Curator

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HOME

Welcome **Robert Johnston** to your Vioxx Settlement Portal.

You have signed into the Portal as a member of the **Pro Se Curator Group**.

You will need to have Adobe 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the Adobe Icon.



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Search

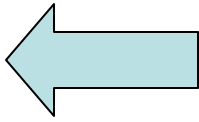
Specific search Search All

VCN :

Last Name :

Social Security Number : - -

Search



Only display
Pro Se
Claimants

Add Phone Number search?

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Search

Specific search Search All

VCN :

Last Name :

Social Security Number : - -

VCN	Name	SSN	City	State	Phone Number
1001502	Test, Jane	123-45-6789	Richmond	VA	804-521-7200
1000195	Test, Joe	987-65-4321	Richmond	VA	804-521-7200
1002998	Test, John	321-54-9876	Richmond	VA	804-521-7200
1061004	Test, Nancy	678-91-2345	Richmond	VA	804-521-7200

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Submitted Documents

VCN: 123456 Claimant: Fred Test

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Postmark Date	Received Date	Document Type	
1/15/2008	1/16/2008	Release	View
1/15/2008	1/16/2008	Medical Authorization	View
2/11/2008	2/16/2008	Supplemental Release	View
2/11/2008	2/16/2008	Stipulation	View

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Call Center

VCN: 123456 **Claimant:** Fred Test

Contact Method:

[Print current Event](#)

Date Received:

[Print entire Event History](#)

Type:

Description:

[Add Response](#)

Response Date	Description	
3/7/2008 9:30 AM	Returned Claimant's call and explained Settlement Agreement and associated Enrollment requirements.	Edit
3/10/2008 11:30 AM	Claimant called to inquire about status of Enrollment documents and whether any deficiencies had been noted.	Edit

REGISTRATION

```
graph TD; A[REGISTRATION] --> B[ENROLLMENT]; B --> C[CLAIMS PACKAGE SUBMISSION  
Deadline: 7/1/08];
```

ENROLLMENT

CLAIMS PACKAGE SUBMISSION
Deadline: 7/1/08

CLAIMS PACKAGE CONTENTS: SA §1.3

1. Claims Form(s)

**2. Required Pharmacy, Medical, and
Event (PME) Records
(SA Exhibit 1.3.1)**

**3. Profile Forms
(SA §17.1.71)**

**4. Additional Claims Information
Requested by CA**

CLAIMS PACKAGES RECEIVED
(As of 3/24/08)

	Electronic	Hard Copy	TOTALS
Primary Counsel	690 (16 Firms)	35 (10 Firms)	725 (25 Firms)
Pro Ses	0	49	49
TOTALS	690	84	774

SUGGESTIONS FOR EFFICIENT CLAIMS PACKAGE SUBMISSION

1.	Electronic Submission	1) Upload to Vioxx Portal 2) Label with VCN
2.	Claims Form	Online Submission
3.	Proof of Use	Pill Count Calculator
4.	PME Records	Bookmark and Highlight

CLAIMS FORM

The Claims Package, including this Claims Form, must be submitted no later than July 1, 2008, on behalf of all Enrolled Program Claimants, including *pro se* Enrolled Program Claimants, ("Claimant") in the Resolution Program outlined in the Settlement Agreement of November 9, 2007 (the "Agreement").

INSTRUCTIONS

1. Counsel for Claimants, and all *pro se* Claimants, must complete this Claims Form.
2. Attachment A to this Claims Form must be completed by a Claimant only if the Claimant *has not completed and supplied a Profile Form*, as defined in Section 17.1.71 of the Settlement Agreement. If a Claimant has completed a Profile Form, it must be included in the Claims Package.

A. VIOXX USER INFORMATION

1. Name : Test Arthur J
(Last) (First) (M.I.)

2. Current Address :

Address1 : 123 Main Street
Address2 :
City : Anytown **State :** MA
Zip : 12345
Country :

3. Telephone Number : - -

4. Date of Birth : 05 / 05 / 1950
(MM) (DD) (YYYY)

5. Social Security Number : 123 - 45 - 6789

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E. INJURY INFORMATION

29. Check the primary injury Claimant is alleging or has alleged previously in a Complaint or Profile Form from Product User's use of Vioxx and indicate the date of occurrence (select only one Injury Type as the primary injury).

Primary Injury Type

Date
(Month/Day/Year)

 / /

30. If applicable, check the secondary injury Claimant is alleging or has alleged previously in a Complaint or Profile Form from Product User's use of Vioxx and indicate the date of occurrence (select only one Injury Type as the secondary injury).

Secondary Injury Type

Date
(Month/Day/Year)

 / /

31. Is Claimant applying to receive Extraordinary Injury Payments pursuant to Section 4.2 of the Settlement Agreement?

Yes No

F. CLAIMS PACKAGE MATERIALS

You must submit all Claims Package materials required by Section 1.3 of the Settlement Agreement. Indicate that you have included the following in your submission:

- All PME Records specified in Exhibit 1.3.1 to Settlement Agreement.
- This Claims Form.
- Profile Form, as defined in Section 17.1.71 of the Settlement Agreement.

Because you have not indicated that you are including a Profile Form with your Claims Package submission, you must print this Claims Form and sign this Section F. In addition, the Claimant must complete Attachment A and sign in the Certification and Authorization section of Attachment A. After obtaining the Claimant's signature, send the original Claims Form to the Claims Administrator.

Dated : (MM) / (DD) / (YYYY)

Signature of Counsel :

C. COUNSEL INFORMATION

15. Counsel Name :
(Last) (First) (M.I.)

16. Firm Name : Test Law Firm of
Maryland

17. Current Address :

Address1 : 123 Main Street

Address2 : Suite 250

City :

Zip :

18. Telephone Number :

19. Fax :

20. Email :

21. Has a civil action been
User's use of Vioxx?

22. Court/Jurisdiction :

23. Case Caption :

24. Docket Number :

25. Case No. :

Electronic Signature Confirmation

WARNING: By typing your name in Section F of this Claims Form, you represent as counsel for the Enrolled Program Claimant that all information is true and correct to the best of your knowledge, information and belief. If you click "**Agree**", this Claims Form will be filed with the Claims Administrator and your typed name/electronic signature will be binding on you and the Enrolled Program Claimant and shall be treated in all manner and respects as an original signature. If you do not want to submit the Claims Form, click "**Disagree**" to remove your e-signature from this submission.

Signature Name: John Smith

Date: 3/23/2008

Agree

Disagree

SUGGESTIONS FOR EFFICIENT CLAIMS PACKAGE SUBMISSION

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