

# OPT OUT FORM

## American Medical Systems TRANSVAGINAL MESH LITIGATION

This is an **opt out form**. You should only fill out this form if you want to be excluded from the class actions regarding AMS's Transvaginal Mesh Devices. There are two class actions regarding AMS transvaginal mesh: (1) the "AMS SUI Class Action" regarding alleged injuries by women implanted with mesh devices used to treat Stress Urinary Incontinence ("SUI") and (2) the "AMS POP Class Action" regarding alleged injuries by women implanted with mesh devices used to treat Pelvic Organ Prolapse ("POP"). If you have any questions, contact class counsel at (800) 461-6166 x2367 or, to speak to a French-speaking representative, (800) 461-6166 x2409.

**This form must be submitted no later than July 28, 2015.**

You may submit this form one of three ways:

- By email to [amsmeshclassactions@siskinds.com](mailto:amsmeshclassactions@siskinds.com) To submit the form by email, fill it out and scan it and send the attachment to [amsmeshclassactions@siskinds.com](mailto:amsmeshclassactions@siskinds.com)
- By fax to: (519) 660-2081
- By mail to:

AMS Mesh Opt Out  
c/o Siskinds LLP  
680 Waterloo Street  
P.O. Box 2520  
London, ON, N6A 3V8

If you do not submit this form in time, you will not be able to opt out. In the case of email and fax submissions, the form will be deemed to have been submitted when received. In the case of mail submissions, the form will be deemed to have been submitted when postmarked.

**For more information about the AMS SUI Class Action and the AMS POP Class Action, see the "Long Form Notice" available at [www.amsmeshclassactions.ca](http://www.amsmeshclassactions.ca).**

**Class Counsel are:**

**SISKINDS LLP**

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**Personal Information**

Please provide the following information about yourself, or, if you are filing this Opt-Out Form as the legal representative of a Class Member, please provide the following information about the Class Member.

Name used by the person with the mesh implant:

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Last Name	First Name	Middle Initial	Health Card Number	Date of Birth
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Current or last known residence address used by the person with the mesh implant:

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Street Address

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City	Province/Territory	Postal Code
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( ) Daytime Phone Number	( ) Evening Phone Number	E-mail Address
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**Mesh Information**

Please provide particulars of the mesh(es) in question. If you do not know or are uncertain of the answer, please so indicate.

Indication(s) for treatment:

Stress urinary incontinence

Pelvic organ prolapse

Identity of transvaginal mesh manufacturer: \_\_\_\_\_

Model of transvaginal mesh: \_\_\_\_\_

Date of implant surgery: \_\_\_\_\_

Location/facility where mesh was implanted \_\_\_\_\_

Treating physician(s) \_\_\_\_\_

If you have records indicating the type of manufacturer and model of the mesh check this box and attach copies: [  ]

If more than one mesh device was implanted, provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you suffer from complications you believe are related to the mesh, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have had revision surgery under general anaesthesia or another surgery under general anaesthesia to correct an issue with the mesh, please provide for each such surgery (1) the date and location, (2) the treating physician(s), (3) a description of the surgery:

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**Legal Representative Information (if applicable)**

If you are filing this Opt-Out Form as the legal representative of a Class Member or a Class Member's estate, please provide the following information about **yourself** and attach a copy of your court approval or other authorization to represent the Class Member identified in "Personal Information" above.

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Street Address		
_____ City	_____ Province/Territory	_____ Postal Code
( ) Daytime Phone Number	( ) Evening Phone Number	_____ E-mail Address
_____ Relationship to Class Member		

Please attach a copy of a court order or other official document(s) demonstrating that you are the duly authorized legal representative of the Class Member and check the box below describing the Class Member's status:

minor (court order appointing guardian or property or custody order, if any, or sworn affidavit of the person with custody of the minor). Date of birth of the minor: \_\_\_\_\_

a mentally incapable person (copy of a continuing power of attorney for property, or a Certificate of statutory guardianship);

Certificate of Appointment as Estate Trustee. Date of death: \_\_\_\_\_

**Lawyer Information (if applicable)**

If you or the Class Member have hired a lawyer in connection with a claim arising from the Class Member's AMS Transvaginal Mesh Device, in any way, please provide the following information about the lawyer:

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Last Name	First Name	Middle Initial
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Street Address

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City	Province/Territory	Postal Code
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( ) Office Phone Number	( ) Fax Number	E-mail Address
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Law Society Number

*If a claim has been filed:*

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Date of Issuance	Court File No	Jurisdiction of Filing
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## Acceptance and Acknowledgement

I have read the foregoing and reviewed and understand the Long Form Notice.

I hereby opt out of (indicate choice by checking one or more of the below):

- the AMS SUI Class Action.
- the AMS POP Class Action.
- any certified class action related to AMS transvaginal mesh.

I understand that by opting out:

- I will not be a member of the class and will never be eligible to receive any compensation through the class action opted out of.
- All family members who might otherwise be Class Members by virtue of a personal relationship with me are deemed to have opted out as well.
- I will not be entitled to participate in the designated class action

**By signing this form, I acknowledge that I have reviewed and understand the Long Form Notice**

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Date

Signature (Class Member or Executor, Administrator, or Personal Representative)

To be effective as an election to opt out, this Form must be completed, signed and sent, as outlined above, **no later than July 28, 2015.**

The consequences of returning this Opt-Out Form are explained in the Long Form Notice. If you have questions about using or completing this Form, contact your lawyer or Class Counsel at (800) 461-6166 x2367 or, to speak to a French-speaking representative, (800) 461-6166 x2409.

**THE INFORMATION CONTAINED IN THIS FORM WILL REMAIN CONFIDENTIAL**