[redacted]

Must be Postmarked
No Later Than
September 22, 2011

FLEET PHOSPHO-SODA CLAIM FORM

PRIVATE & CONFIDENTIAL

Please Type or Print in the Box Below
Do NOT use Red Ink, Pencil, or Staples

◯ Primary Claimant	◯ Representative Claimant	◯ Derivative Claimant
Complete Sections I,V-IX and IV if applicable	Complete Sections I, II, V-IX and IV if applicable	Complete Sections I, III, IX and IV if applicable

SECTION I: IDENTIFICATION OF PRIMARY CLAIMANT

MUST BE COMPLETED FOR ALL CLAIMS

Prefix
◯ Mr. ◯ Mrs. ◯ Miss. ◯ Ms.

First Name

Last Name

Address

Address

City

Province

Postal Code

Telephone Number (Home) - -

Telephone Number (Work) - -

Telephone Number (Cell) - -

Telephone Number (Fax) - -

Email Address

Date of Birth M M / D D / Y Y Y Y

Date of Death (if applicable) M M / D D / Y Y Y Y

◯ **Death Certificate Attached**

Health Card

Ethnicity

SECTION II: IDENTIFICATION OF REPRESENTATIVE

TO BE COMPLETED ONLY IF SUBMITTING A CLAIM AS A REPRESENTATIVE CLAIMANT.
THIS INCLUDES PERSONAL REPRESENTATIVES, HEIRS, ASSIGNS, AND TRUSTEES OF FLEET RECIPIENTS (SEE BOTTOM OF THIS BOX).

SECTION I MUST BE COMPLETED AND PROOF OF AUTHORITY TO ACT AS THE REPRESENTATIVE OF THE FLEET RECIPIENT MUST BE SUBMITTED WITH THE CLAIM.

Prefix

○ Mr. ○ Mrs. ○ Miss. ○ Ms.

First Name

Last Name

Address

Address

City

Province

Postal Code

Telephone Number (Home)

Telephone Number (Work)

Telephone Number (Cell)

Telephone Number (Fax)

Email Address

Type of Representation:

○ Parent ○ Trustee ○ Guardian ○ Executor

○ Proof of Representation Attached ○ Other _____

I am applying on behalf of a :

○ Minor ○ Incapable Person ○ Estate

SECTION III: IDENTIFICATION OF DERIVATIVE CLAIMANT

TO BE COMPLETED ONLY IF SUBMITTING A CLAIM AS A DERIVATIVE CLAIMANT. THIS INCLUDES: SPOUSES, COMMON-LAW SPOUSES, SAME-SEX PARTNERS, PARENTS, OR CHILDREN, BY BIRTH MARRIAGE OR ADOPTION.

SECTION I MUST BE COMPLETED IDENTIFYING THE SOURCE OF ENTITLEMENT AS A DERIVATIVE CLAIMANT AND DOCUMENTATION PROVING THE RELATIONSHIP TO THE FLEET PRIMARY CLAIMANT MUST ALSO BE SUBMITTED WITH THE CLAIM FORM

Prefix

○ Mr. ○ Mrs. ○ Miss. ○ Ms.

First Name

Last Name

Address

Address

City

Province

Postal Code

Telephone Number (Home) - -

Telephone Number (Work) - - -

Telephone Number (Cell) - -

Telephone Number (Fax) - - -

Email Address

Date of Birth M M / D D / Y Y Y Y

Relationship to Primary Claimant:

○ **I have attached Proof of my relationship to the Primary Claimant**

SECTION IV: LAWYER INFORMATION

PLEASE NOTE: IF THE BELOW SECTION IS COMPLETED, ALL CORRESPONDENCE WILL BE FORWARDED TO THE BELOW ADDRESS. IF ANY OF THE INFORMATION BELOW CHANGES, THE CLAIMS ADMINISTRATOR MUST BE NOTIFIED IN WRITING OF THE NEW INFORMATION.

TO BE COMPLETED ONLY IF THE APPLICANT IS REPRESENTED BY A LAWYER

Name of Law Firm:

Lawyer Name:

Address

Telephone Number (Home) - -

Telephone Number (Work) - -

Telephone Number (Cell) - -

Telephone Number (Fax) - -

Law Society No:

SECTION V: AM I AN ELIGIBLE CLASS MEMBER?

There are 3 parts to this section. Please complete ①, ②, and ③

Threshold Evidence

Check only those that apply

① Primary Claimants must satisfy one or more of the threshold requirements for **evidence of FPS**[1] **ingestion over 45mL**:

- ○ Medical record indicating a procedure requiring a bowel preparation was performed and proof of contemporaneous purchase of FPS
- ○ Medical record of pre-procedure consultation, procedure records, or post procedure records, evidencing use of FPS
- ○ General bowel preparation instructions for use of FPS together with a medical record evidencing a procedure requiring a bowel preparation
- ○ Physician declaration of use of more than 45mL of FPS in a 24 hour-period as a bowel preparation
- ○ Medical record indicating a procedure requiring a bowel preparation was performed, an affidavit from claimant as to use of more than 45ml of FPS in 24-hours in connection with such procedure, and a declaration that due diligence was exercised in attempting to obtain the bowel preparation instruction utilized by claimant.

PLEASE LIST ALL INSTANCES OF FPS INGESTION

	Date	Time	Substance Ingested	Quantity (mL)
1.				
2.				
3.				
4.				
5.				

[1]FPS refers to any and all Fleet products containing Fleet® Phospho-soda®.

AM I AN ELIGIBLE CLASS MEMBER? *CONTINUED*

② Primary Claimants must satisfy one or more of the threshold requirements for **evidence of FPS-related renal injury**:

Check only those that apply

- ○ If claimant had a post-ingestion kidney biopsy[2], biopsy must demonstrate the following:
  - tubular necrosis and/or interstitial fibrosis;
  - calcium phosphate deposition; and
  - clinical assessment of Acute Phosphate Nephropathy ("APN") or nephrocalcinosis or Acute Kidney Injury ("AKI") in biopsy or other medical record[3]
- ○ In the absence of a biopsy, case specific expert report stating that use of more than 45mL FPS as a bowel preparation caused or contributed to claimant's renal impairment
- ○ In the absence of a biopsy, medical records diagnosing patient with kidney injury, which injury was caused or contributed to by the use of FPS bowel preparation or the medical procedure for which FPS bowel preparation was used

③ Primary Claimants must not be subject to one of the following exclusions:

Check only those that apply

- ○ Claimant is unable to satisfy one or more of the threshold requirements for evidence of use of more than 45 mL of FPS in a 24-hour period or one or more of the threshold requirements for evidence of FPS-related renal injury
- ○ Baseline eGFR[4] is 29 or lower
- ○ Claimant first directed to use FPS as bowel cleanser after March 5, 2009
- ○ In non transplant cases, current eGFR is 60 or greater
- ○ In non-transplant, non-death and non dialysis cases, no lab results measuring creatinine values or eGFR within 6 months of the date the claim is submitted.
- ○ In non-transplant cases, where claimant's serum creatinine or eGFR returned to or improved upon claimant's baseline serum creatinine or eGFR within 12 months of ingestion.
- ○ None of the above apply

STOP HERE (YOU ARE NOT ELIGIBLE) IF:

YOU DID NOT CHECK AN OPTION IN ①, OR
YOU DID NOT CHECK AN OPTION IN ②, OR
YOU DID NOT CHECK "NONE OF THE ABOVE" IN ③

[2]Claimant who underwent post-ingestion renal biopsy shall only be considered for settlement if biopsy results are produced. Upon request, biopsy materials shall be provided for review.
[3]Can also be demonstrated by declaration or report upon review of biopsy report or biopsy materials.
[4]"Baseline eGFR" means the most recent eGFR prior to ingestion of FPS as indicated: (1) on lab report; or (2) otherwise calculated using MDRD scale.

SECTION VI: WHAT IS THE TYPE OF INJURY BEING CLAIMED?

Injury Categories

Please list last known GFR or serum creatinine:_____.

Date of most recent GFR test or serum creatinine valve: ☐☐ / ☐☐ / ☐☐☐☐ (M M / D D / Y Y Y Y)

Check the highest category that applies (check only one)

	Category	Injury sustained	Required Documentation
○	IX	Wrongful Death	See Table Below
○	VIII	Long term/permanent dialysis[5]	See Table Below
○	VII	Renal transplant[6]	See Table Below
○	VI	Chronic Kidney Disease ("CKD") Stage IV: GFR of 19 or below	Medical Records showing GFR or serum creatinine valve within last 6 months
○	V	CKD Stage IV: GFR 20 to 29	Medical Records showing GFR or serum creatinine valve within last 6 months
○	IV	CKD Stage III (d): GFR 30 to 35	Medical Records showing GFR or serum creatinine valve within last 6 months
○	III	CKD Stage III(c): GFR 36-44	Medical Records showing GFR or serum creatinine valve within last 6 months
○	II	CKD Stage III (b): GFR 45-54	Medical Records showing GFR or serum creatinine valve within last 6 months
○	I	CKD Stage III (a): GFR 55-59	Medical Records showing GFR or serum creatinine valve within last 6 months

DOCUMENTS REQUIRED FOR SPECIFIC INJURY

Injury sustained	Required Documents
Wrongful Death	Death certificate or autopsy report establishing that the claimed renal injury was the primary cause of the Primary Claimant's death. If death certificate or autopsy report does not identify renal injury as the primary cause of the Primary Claimant's death, the compensable injury shall be governed by the Primary Claimant's last known eGFR related to post-FPS ingestion renal injury.
Long Term/ Permanent Dialysis	(i) Medical records establishing that Primary Claimant has completed more than 3 years of dialysis; or (ii) The Primary Claimant is on dialysis less than 3 years, and medical records or treating physician affidavit establishes that the Primary Claimant is ineligible for a transplant or that renal transplant is not feasible.
Renal Transplant	(i) Medical records confirm actual transplant; or (ii) Medical records confirm end stage kidney failure: (A) eGFR of 19 and below together with proof of acceptance on a renal transplant waiting list; or (B) eGFR of 19 and below together with proof of approved living donor.

[5]This category includes claimants who have already had 3 years of dialysis and claimants who have had less than 3 years of dialysis, but whose medical records or treating physician affidavit establishes that a renal transplant is not feasible or that claimant is ineligible for a renal transplant.

[6]This category includes claimants who: (1) actually have had a transplant; (2) have an eGFR of 19 or below, are on a renal transplant list, and are actively awaiting a transplant; or (3) have an eGFR of 19 or below, have a living donor, and are actively awaiting a transplant.

SECTION VII: DIAGNOSIS INFORMATION

On what date was the claimant advised or aware of their diagnosis of kidney injury and that such injury was associated with the use of FPS bowel preparation? (Only applicable if there is either a medical or other record indicating so)

Date

M M / D D / Y Y Y Y

Section A: Baseline and Last Known GFR

* Please provide lab results from lab reports, if these are unavailable please provide lab results documented in the medical record. If the claimant believes that a lab report contains an error, it is the claimant's burden to establish same by submission of credible medical evidence for consideration (e.g., a doctor's statement, contemporaneous medical records showing that the physician(s) at the time considered the lab report to be in error, or other such evidence demonstrating that the record is in error)

Baseline eGFR and Creatinine (Last measured eGFR and Creatinine prior to ingestion. Please provide both if available.)

eGFR: _____

Source: ○ lab report or, ○ medical record

Date: M M / D D / Y Y Y Y

Creatinine value: _____

Source: ○ lab report or, ○ medical record

Date: M M / D D / Y Y Y Y

Last known eGFR and Creatinine (Least measured eGFR, must be from within the last six months unless the claimant is on permanent dialysis, has received a transplant, or is deceased):

eGFR: _____

Source: ○ lab report or, ○ medical record

Date: M M / D D / Y Y Y Y

Creatinine value: _____

Source: ○ lab report or, ○ medical record

Date: M M / D D / Y Y Y Y

Section B – Biopsy Findings (Complete this section only if a biopsy was performed)

○	Biopsy finding of APN as per threshold criteria and • Biopsy report (or addendum thereto or subsequent review of biopsy) reflects that the biopsy is consistent with the diagnosis of APN; or • Expert report or medical record reporting that biopsy reflects APN
○	Biopsy finding showing calcium phosphate deposition is < 30 tubular lumina in a sample size of eight or more glomeruli
○	In addition to APN, renal biopsy includes findings of one or more of the following: • active and/or chronic interstitial nephritis with interstitial inflammation associated with significant tubulitis • calcium-oxylate deposition is equal to or exceeds the number of calcium-phosphate deposition where the calcium phosphate deposition is > 30 tubular lumina in a sample size of eight or more glomeruli • calcium-oxylate deposition is at least half the number of calcium-phosphate deposition where the calcium phosphate deposition is < 30 tubular lumina in a sample size of eight or more glomeruli
○	A post-ingestion biopsy report reflects a contrast agent inducing injury and claimant has actually used a contrast agent between last known creatinine and diagnosis of ARF (Acute Renal Failure)

Section C – Post-Ingestion Lab Results in Absence of Biopsy (Complete this section only if a biopsy was not performed)

○	Last pre-ingestion lab results DO NOT demonstrate hyperphosphatemia or hypocalcemia **AND** Lab results with 48 hours of first ingestion demonstrate hyperphosphatemia or hypocalcemia.
○	Last pre-ingestion lab results DO NOT demonstrate hyperphosphatemia or hypocalcemia **AND** Lab results with 48 hours of first ingestion DO NOT demonstrate hyperphosphatemia or hypocalcemia.
	At the time of initial post-ingestion diagnoses of renal disease, the first lab results after ingestion show (select all that apply): ○ Proteinuria (defined as +3 or more with dipstick; or 1 gram/1000 milligrams or more protein with macroscopic analysis) ○ Hematuria (defined as +3 or more on a dipstick; or moderate or more of blood with macroscopic analysis; or more than 3 red blood cells (RBCs) with microscopic analysis) ○ Active urine sediment[7] (defined as abnormal finding of casts, crystals, eosinophils, pyoria or dysmorphic RBCs)
○	Claimant has used a contrast agent between baseline creatinine and diagnosis of Acute Renal Failure ("ARF")
○	At the time of ingestion, claimant had a diagnosis of acute or chronic nephritis
○	Claimant has or had a diagnosis of acute or chronic nephritis
○	Claimant has or had a diagnosis of active light chain, myeloma or autoimmune kidney disease

Section D – Bowel Preparation

○	Threshold evidence concerning use of more than 45mL of FPS in 24-hour period is based solely on a medical record indicating a procedure requiring a bowel preparation was performed and an affidavit from claimant as to use of more than one 45ml dose of FPS in connection with such procedure
○	More than 45 mL of FPS was ingested in a single dose
○	More than a total of 90 mL of FPS was ingested in 24 hours
○	Ingestion occurred after March 19, 2002 **AND** Claimant ingested a concomitant oral sodium phosphate product, sodium phosphate enema, or another purgative for bowel preparation
○	An additional non-sodium phosphate laxatives was used as part of bowel preparation
○	Less than 5 hour separation between ingestion of FPS doses
○	Less than 4 hour separation between ingestion of FPS doses

Section E – Medical Conditions at Time of Ingestion

	At time of ingestion, patient has been diagnosed with one or more of the following:
○	Megacolon
○	Congestive heart failure
○	Bowel obstruction **AND** Ingestion occurred **<u>after</u>** March 19, 2002
○	Ascites **AND** Ingestion occurred **<u>after</u>** March 19, 2002
○	At time of ingestion, patient suffered from, or was previously diagnosed with, Crohn's disease or colitis **AND** Ingestion occurred after January, 2003
○	At the time of ingestion, the claimant was under the age of 12 years old

Section F – Hyperparathyroidism (Only complete if claimant suffered secondary hyperparathyroidism due to FPS ingestion)

○	Claimant required surgery related to secondary hyperparathyroidism diagnosed post-FPS ingestion[8]
○	Claimant required medical treatment for secondary hyperparathyroidism diagnosed post-FPS ingestion[9]
○	The claimant is still receiving medical treatment for secondary hyperparathyroidism diagnosed post-FPS ingestion.
	If the claimant is still receiving medical treatment, please select which of the following medications the claimant is taking: Common phosphate binders:
○	Aluminium hydroxide (Alucaps)
○	Calcium carbonate (Calcichew, Titralac)
○	Calcium acetate (Phosex, PhosLo)
○	Lanthanum carbonate (Fosrenol)
○	Sevelamer (Renagel, Renvela)

[8]Requires medical record or expert report establishing relationship to post colonoscopy CKD
[9]Requires medical record or expert report establishing relationship to post colonoscopy CKD

Section F – continued

	Common "Active forms of Vitamin D" (prescription medication not multi-vitamin/vitamin-D or calcium OTC supplements):
○	Calcidiol (also sometimes called calcifediol or 25-hydroxy Vitamin D with the brand names of Calderol, Decostriol and Dedrogyl)
○	Dihydrotachysterol (DHT Intensol)
○	Calcitriol (One Alpha, Rocaltrol and/or Calcijex when injected)
○	Doxercalciferol (Hectorol)
○	Paricalcitol (Zemplar)
	Common calcimimetics:
○	Sensipar (cinacalcet) NPS R-467 or NPS R-568

Section G: Anemia (Only Complete if Claimant suffered Anemia due to FPS ingestion)

○	Claimant was diagnosed with anemia secondary to FPS-induced renal impairment, requiring continuing treatment
○	Primary Claimant was diagnosed with anemia at the time of FPS ingestion.
○	Claimant is receiving continuing treatment with either EPO-therapy and/or iron supplements.

Section H: Dialysis (Only complete if claimant required, or continues to require, dialysis due to FPS ingestion)

○	Claimant has previously undergone short-term dialysis involving twenty-five or more sessions
○	Claimant has previously undergone short-term dialysis involving between one and twenty-four sessions
○	Claimant has previously undergone sodium thiosulfate infusion treatment
	Claimant is presently on dialysis (if so, please indicate duration of dialysis)
○	Up to on year of dialysis completed
○	1-2 years of dialysis completed
○	2-3 years of dialysis completed

SECTION VIII: CONSENT FOR RELEASE OF MEDICAL INFORMATION

Primary Claimant

FLEET PHOSPHO-SODA® CLASS ACTION SETTLEMENT

Consent for Release of Medical Information

****(Primary Claimants must complete and submit this form)****

TO: _____ **(LEAVE BLANK)**
(Doctor, Hospital or Health Care Professional)

ADDRESS: _____ **(LEAVE BLANK)**

_____ **(LEAVE BLANK)**

TELEPHONE: _____ **(LEAVE BLANK)**

I _____ **D.O.B.** _____**, HEALTH CARD #** _____
(print name) (DD/MM/YYYY) (Insert health card number)

HEREBY AUTHORIZE AND DIRECT you to provide NPT RicePoint Class Action Services with a **complete copy** of my medical file with respect to my physical condition and treatment, including opinions, clinical notes and records, test results, (including all available lab results and medical records demonstrating renal function, renal function prior and subsequent to FPS ingestion, and medical history prior and subsequent to FPS ingestion) copies of pharmaceutical prescription dispensing records, copies of medical records from any hospital attended, account of treatments, referrals and prognosis.

I understand that:

- This information will be used only to assess my eligibility under the Fleet Phospho-Soda ® Class Action Settlement and the amount of compensation, if any, to which I may be entitled.
- This information is confidential and, except as required by law, will be used and disclosed only for the purpose of administering the Settlement.
- I understand why I have been asked to disclose this information and am aware of the risks of benefits of consenting or refusing to consent to disclose this information.
- I may revoke (take back) this Authorization in writing at any time by faxing or mailing a signed letter of revocation to NPT RICE POINT Class Action Services at :

  NPT RicePoint Class Action Services
  P.O. BOX 3355
  London, Ontario N6A 4K3
  Phone: 1-866-432-5534
  Fax: 519-432-6544
  Email: fleet@nptricepoint.com
  www.fleetphosphosodaclassaction.com

Dated the _____ day of _____, 20 ____

Signature: _____

Witness' Signature: _____

SECTION VIII: CONSENT FOR RELEASE OF MEDICAL INFORMATION

Representative Claimant

FLEET PHOSPHO-SODA® CLASS ACTION SETTLEMENT

Consent for Release of Medical Information

****(Representative Claimants must complete and submit this form)****

TO: _____ **(LEAVE BLANK)**

(Doctor, Hospital or Health Care Professional)

ADDRESS: _____ **(LEAVE BLANK)**

_____ **(LEAVE BLANK)**

TELEPHONE: _____ **(LEAVE BLANK)**

REGARDING: _____ **(LEAVE BLANK)**

D.O.B. _____**, HEALTH CARD #** _____

(DD/MM/YYYY) (Insert health card number)

I am the: (check one):

- ○ Estate Representative of the above-noted individual OR
- ○ Litigation Guardian or Tutor for the above-noted individual

I, _____, HEREBY AUTHORIZE AND DIRECT you to
(print name)
provide NPT RicePoint Class Action Services with a complete copy of my medical file with respect to my physical condition and treatment, including opinions, clinical notes and records, test results, (including all available lab results and medical records demonstrating renal function, renal function prior and subsequent to FPS ingestion, and medical history prior and subsequent to FPS ingestion) copies of pharmaceutical prescription dispensing records, copies of medical records from any hospital attended, account of treatments, referrals and prognosis.

I understand that:

- This information will be used only to assess my eligibility under the Fleet Phospho-Soda ® Class Action Settlement and the amount of compensation, if any, to which I may be entitled.
- This information is confidential and, except as required by law, will be used and disclosed only for the purpose of administering the Settlement.
- I understand why I have been asked to disclose this information and am aware of the risks of benefits of consenting or refusing to consent to disclose this information.
- I may revoke (take back) this Authorization in writing at any time by faxing or mailing a signed letter of revocation to NPT RICE POINT Class Action Services at :

  NPT RicePoint Class Action Services
  P.O. BOX 3355
  London, Ontario N6A 4K3
  Phone: 1-866-432-5534
  Fax: 519-432-6544
  Email: fleet@nptricepoint.com
  www.fleetphosphosodaclassaction.com

Dated the _____ day of _____, 20 ____

Signature: _____ Witness' Signature: _____

SECTION IX: CLAIMS VERIFICATION

BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

(A) **YOU DECLARE UNDER PENALTY OF PERJURY THAT, ALL OF THE INFORMATION PROVIDED IN THIS FORM AND SUBMITTED WITH THIS FORM IS TRUE AND CORRECT;**

(B) **YOU ARE BOUND BY THE FULL AND FINAL RELEASE OF ALL YOUR CLAIMS AGAINST THE DEFENDANTS AND OTHER RELEASED PARTIES AS SET FORTH IN THE SETTLEMENT AGREEMENT, WHICH ARE HEREBY INCORPORATED BY REFERENCE HEREIN AND RECEIPT OF BENEFITS UNDER THE TERMS OF THE SETTLEMENT AGREEMENT SHALL BE YOUR EXCLUSIVE REMEDY AGAINST SUCH DEFENDANTS AND OTHER RELEASED PARTIES.**

CLAIMANT'S SIGNATURE

Claimant's First Name

Claimant's Last Name

Date M M / D D / Y Y Y Y

Signature

REPRESENTATIVE OR DERIVATIVE'S SIGNATURE (IF APPLICABLE)

Representative's First Name

Representative's Last Name

Date M M / D D / Y Y Y Y

Signature

LAWYER'S SIGNATURE (IF CLAIMANT IS REPRESENTED BY A LAWYER)

Lawyer's First Name

Lawyer's Last Name

Date M M / D D / Y Y Y Y

Signature

PRIMARY CLAIMANT CHECKLIST

(Please check off all applicable boxes below concerning your claim)

- ○ Claim Form (sections I,V-IX and IV if applicable)
- ○ All available lab results and medical records demonstrating:
  - (a) Current renal function;
  - (b) Renal function prior and subsequent to FPS ingestion; and
  - (c) The Primary Claimant's medical history prior and subsequent to FPS ingestion.
  - (d) In the event that a Primary Claimant is unable to obtain medical records or lab results demonstrating Primary Claimant's renal function in the two years prior to ingestion, the Primary Claimant shall submit an affidavit as to the efforts undertaken to obtain such information and the reasons it could not be obtained.
- ○ In all non-permanent dialysis, non-transplant or non-death cases, lab results supporting the compensable injury category assignment shall be dated within 6 months of the date the claim is filed
- ○ Medical Direction Consent Form

REPRESENTATIVE CLAIMANT CHECKLIST

- ○ Claim Form (sections I, II, V-IX and IV if applicable)
  - ○ Proof of Representative Capacity
  - ○ All Primary Claimant Data (see above "Primary Claimant" checklist)
- ○ Medical Direction Consent Form

DERIVATIVE CLAIMANT CHECKLIST

- ○ Claim Form (sections I, III, IX and IV if applicable)
  - ○ Proof of Relationship to Fleet Recipient
    - ○ Documentation
      - ○ Birth Certificate; and/or
      - ○ Marriage Certificate; and/or
      - ○ Other

What should I submit with the Claim Form?

To become an Eligible Primary Claimant, the following information should be submitted:

1. All available lab results and medical records demonstrating:

(a) Current renal function;

(b) Renal function prior and subsequent to FPS ingestion; and

(c) The Primary Claimant's medical history prior and subsequent to FPS ingestion.

(d) In the event that a Primary Claimant is unable to obtain medical records or lab results demonstrating Primary Claimant's renal function in the two years prior to ingestion, the Primary Claimant shall submit an affidavit as to the efforts undertaken to obtain such information and the reasons it could not be obtained.

2. In all non-permanent dialysis, non-transplant or non-death cases, lab results supporting the compensable injury category assignment shall be dated within 6 months of the date the claim is filed. Determination of a Primary Claimant's compensable injury category and current medical status shall be based upon the information provided on the date the claim is submitted, unless the claim is determined to be deficient. Neither the Claimant nor Fleet shall be permitted to supplement the initial claim submission with a lab report or medical status or other data obtained after the claim is submitted, except in the limited circumstances where: (1) there is proof that the most current lab report and/or medical status had been requested prior to filing the claim, and (2) the requested lab report and/or medical status were not timely supplied by the healthcare provider.