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Stryker Modular Hip Settlement
c/o GCG
PO Box 10130
Dublin, OH 43017-3130
www.StrykerModularHipSettlement.com



STRYKER MODULAR HIP SETTLEMENT PROGRAM REGISTRATION

A. INTRODUCTION

Welcome to the ABG II Modular Neck Hip Stem and Rejuvenate Modular Neck Hip Stem Registration Process. This form is required for the submission of information in compliance with the Order Regarding Registration of Cases and Claims (“Registration Order”). You must complete both the “Registration Declaration” and “Registration Form/List” worksheets. The “Registration Declaration” worksheet is for the entry of information about you and includes the certification required by the Registration Order. The “Registration Form/List” worksheet is for you to list information about yourself and the applicable ABG II Modular Neck Hip Stem and/or Rejuvenate Modular Neck Hip Stem (the “Affected Products”), or if you are a legal representative without an attorney, about the recipient of the Affected Products. The “Instructions” worksheet contains instructions for how to complete the “Registration Form/List” worksheet.

If you have any questions or encounter any problems, you may contact the Claims Processor by email at claimsprocessor@StrykerModularHipSettlement.com or by calling their toll-free hotline at 1-855-382-6404.

B. INSTRUCTIONS

1. To ensure consistency, the Claims Processor has standardized the responses to certain questions on the Registration Form/List. For these questions, please refer to the “Instructions” worksheet at the end of this form.
2. Some of the 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.
3. The “Instructions” worksheet is included in the back of this Registration Form. For each individual section of the Registration Form/List, you may reference the specific instruction on the “Instructions” worksheet.

To view GCG’s Privacy Notice, please visit <http://www.gcginc.com/privacy>



C. DEFINITIONS

1. "Affected Product" as used herein means the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem.
2. "Counsel" as used herein 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 Persons' claim Related to the Affected Products.
3. "Follow Up Surgery" as used herein means a surgery after a Revision Surgery.
4. "Interest" as used herein means any interest in any claims Related to the Affected Products, whether revised or unrevised, in which counsel: (i) has an engagement or retainer agreement with such claimant; (ii) is listed as the counsel of record for a Plaintiff in any filed pleadings Related to the Affected Products; (iii) has entered an appearance for such Plaintiffs; (iv) would benefit directly or indirectly from any payment to settle any claim of such Plaintiff or Claimant in connection with the Affected Products; or (v) otherwise has any financial interest of any kind whatsoever in any claim relating to the Affected Products.
5. "Interested Counsel" as used herein means any Counsel with an Interest in a Person, or in a claim or case of a Person who has a Claim, filed or unfiled, Related to the Affected Products. Interested Counsel and the Primary Law Firm shall jointly be responsible for compliance with any Court Orders.
6. "Legal Representative" as used herein means, as to any particular natural person (including a deceased natural person), the estate, executor, administrator, guardian, conservator or other legal representative thereof.
7. "Primary Law Firm" as used herein means a single designated law firm primarily responsible for obligations relating to the Final Settlement Agreement and compliance with 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 Form/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.
8. "Person" as used herein 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) on its own or any representative capacity, in each case, whether domestic or foreign.
9. "Principal Responsible Attorney" as used herein means 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 Form/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.
10. "Related to the Affected Products" as used herein 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 ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem and/or any injury, losses, or damages caused or claimed to have been caused, in whole or in part, by any such Affected Product and/or revision to remove the Affected Products.
11. "Revision Surgery" as used herein and for purposes of Registration, means a surgery subsequent to the Index Surgery to remove the stem and neck components of the ABG II Modular Neck Hip Stem and/or Rejuvenate Modular Neck Hip Stem.
12. "Unfiled Claim" as used herein means a claim not yet filed as a lawsuit (such claimant an "Unfiled Claimant").


REGISTRATION DECLARATION
A. UNREPRESENTED CLAIMANT CONTACT INFORMATION

Name:

(First)_____
(Last)

Home Address:

Street:_____
City:_____
State:_____
Zip:_____
Email Address_____
Telephone Number:
B. CERTIFICATION

I make this certification pursuant to the following order(s) and any amendments thereto:

- Order Regarding Registration of Cases and Claims entered on November 13, 2014 by the Superior Court of New Jersey Law Division: Bergen County, Master Docket No. BER-L-936-13.
- Pretrial Order No. 25 entered on November 13, 2014 by the United States District Court for the District of Minnesota in Master Docket No. MDL-13-2441.

** If you are unrepresented by an attorney and you have not filed a lawsuit, or your case is in a court other than the Minnesota MDL or New Jersey, check the second box.

As required by the Order referenced above, I hereby certify that the Registration Form/List served with this certification provides accurate and complete claim-related information as applicable in compliance with the Order Regarding Registration of Affected Product-Related Cases and Claims.

Signature of Registrant¹_____
Date Signed:

¹An electronic signature denoted by "s/" is considered as binding as an original signature pursuant to FRCP 5(d)(3).


REGISTRATION FORM/LIST
A. DEMOGRAPHIC INFORMATION FOR CLAIMANTS

N/A

1. Unique ID Assigned by Law Firm

Name

 2. Last 3. First 4. Middle Name or Initial

 5. Social Security Number 6. Date of Birth

 7. U.S. Citizen or U.S. Legal Resident? Yes No

8. Street Address

 9. City 10. State
B. LEGAL REPRESENTATIVE INFORMATION

 11. Does the Claimant have a Legal Representative? Yes No

If you answer No to the Question above, do not answer Questions 12-15

Legal Representative's Name

 12. Last 13. First 14. Middle Name or Initial

 15. Reason for Legal Representative? Deceased Claimant Incompetent Claimant

C. LAWSUIT INFORMATION

 16. Is there a Filed Case, or is the Claim Unfiled? Filed Case Unfiled Claim

If you answer Unfiled Claim to the Question above, do not answer Questions 17-20

 17. Case Caption 18. Case Number

 19. Current Venue of Court Case NJ BER-L-936-13 MDL-13-2441 Other State

20. Other State Court

**D. SPOUSAL INFORMATION**

21. Is the Claimant Married? Yes No

If you answer No to the Question above, do not answer Questions 22 - 25.

22. Has the Claimant Filed a Lawsuit with Spouse? Yes No

Spouse's Name

23. Last

24. First

25. Middle Name or Initial

E. LEFT HIP IMPLANT SURGERY INFORMATION

26. Did the Claimant Have an Affected Product Implanted in His/Her **LEFT** Hip? Yes No

If you answer No to the Question above, do not answer Questions 27-40.

27. Date of Left Hip Implant Surgery

28. Place of Left Hip Implant Surgery (Enter hospital where Affected Product was implanted)

29. Left Hip Product ABGII Rejuvenate

30. Did the Claimant Undergo a Revision Surgery Involving the Left Hip Implant? Yes No

31. Date of Left Hip Revision # 1

32. Date of Left Hip Revision # 2

33. Is the Claimant Scheduled for a Revision of the Left Hip Implant? Yes No



F. ADDITIONAL TREATMENT FOR LEFT HIP

34. If the Claimant Underwent a Surgery **After** the Revision Surgery on the Left Hip, Indicate the Number of Surgeries.
- N/A 1 2 3 4 5
35. If the Claimant Experienced a Dislocation of the Left Hip **After** the Left Hip Revision Surgery, Indicate the Number of Dislocations.
- N/A 1 2 3 4 5
36. Has the Claimant Been Diagnosed with an Infection in the Left Hip **After** Revision or a Follow Up Surgery on the Left Hip?
- Yes No
37. Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for **or** Within 72 Hours of the Revision or a Follow Up Surgery of the Left Hip?
- Yes No
38. Has the Claimant Been Diagnosed with a Stroke During the Hospitalization for **or** Within 72 Hours of the Revision or Follow Up Surgery of the Left Hip?
- Yes No
39. Has the Claimant Been Diagnosed with a Myocardial Infarction (Heart Attack) During the Hospitalization for **or** Within 72 Hours of the Revision or Follow Up Surgery of the Left Hip?
- Yes No
40. If the Answer to Question 15 was "Deceased Claimant," are You Claiming that the Claimant's Death was Caused by the Revision or Follow Up Surgery of the Left Hip?
- Yes No

G. RIGHT HIP IMPLANT SURGERY INFORMATION

41. Did the Claimant Have an Affected Product Implanted in His/Her **RIGHT** Hip? Yes No
- If you answer No to the Question above, do not answer Questions 42-55.**
42. Date of Right Hip Implant Surgery _____ 43. Place of Right Hip Implant Surgery (Enter hospital where Affected Product was implanted) _____
44. Right Hip Product ABGII Rejuvenate
45. Did the Claimant Undergo a Revision Surgery Involving the Right Hip Implant? Yes No
46. Date of Right Hip Revision # 1 _____ 47. Date of Right Hip Revision # 2 _____
48. Is the Claimant Scheduled for a Revision of the Right Hip Implant? Yes No

**H. ADDITIONAL TREATMENT FOR RIGHT HIP**

49. If the Claimant Underwent a Surgery **After** the Revision Surgery on the Right Hip, Indicate the Number of Surgeries.
 N/A 1 2 3 4 5
50. If the Claimant Experienced a Dislocation of the Right Hip **After** the Right Hip Revision Surgery, Indicate the Number of Dislocations.
 N/A 1 2 3 4 5
51. Has the Claimant Been Diagnosed with an Infection in the Right Hip **After** Revision or a Follow Up Surgery on the Right Hip?
 Yes No
52. Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for **or** Within 72 Hours of the Revision or a Follow Up Surgery of the Right Hip?
 Yes No
53. Has the Claimant Been Diagnosed with a Stroke During the Hospitalization for **or** Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?
 Yes No
54. Has the Claimant Been Diagnosed with a Myocardial Infarction (Heart Attack) During the Hospitalization for **or** Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?
 Yes No
55. If the Answer to Question 15 was "Deceased Claimant," are You Claiming that the Claimant's Death was Caused by the Revision or Follow Up Surgery of the Right Hip?
 Yes No

INSTRUCTIONS FOR REGISTRATION FORM/LIST

Question	Information Requested	Standard Responses (If applicable)	INSTRUCTIONS
A. DEMOGRAPHIC INFORMATION FOR CLAIMANT			
1.	Unique ID Assigned by Law Firm		<u>Note to Attorneys:</u> 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.
2.	Last Name		Enter the claimant's last name.
3.	First Name		Enter the claimant's first name.
4.	Middle Name or Initial		Enter the claimant's middle name or initial.
5.	Social Security Number		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.
6.	Date of Birth		Enter the claimant's Date of Birth using the MM/DD/YYYY format.
7.	U.S. Citizen or U.S. Legal Resident?	Yes/No	Enter Yes if the claimant is a United States Citizen or United States Legal Resident.
8.	Street Address		Enter the claimant's current street address of residence.
9.	City		Enter the claimant's current city of residence.
10.	State	List of US states and territories (See List Below)	Enter the abbreviations for claimant's current state of residence from the list below.
B. LEGAL REPRESENTATIVE INFORMATION			
11.	Does the Claimant have a Legal Representative?	Yes/No	Enter Yes if the claimant has a Legal Representative and answer Questions 12-15.
12.	Legal Representative's Last Name		If the answer to Question 11 is Yes, enter the Legal Representative's last name.
13.	Legal Representative's First Name		If the answer to Question 11 is Yes, enter the Legal Representative's first name.
14.	Legal Representative's Middle Name or Initial		If the answer to Question 11 is Yes, enter the Legal Representative's middle name or initial.
15.	Reason for Legal Representative	Claimant Deceased Claimant is Incompetent	If the answer to Question 11 is Yes, enter the reason that the claimant has a Legal Representative.
C. LAWSUIT INFORMATION			
16.	Is there a Filed Case, or is the Claim Unfiled?	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 Affected Product and answer Questions 17-20. Enter Unfiled Claim if the claimant or the claimant's Legal Representative did not file a lawsuit to recover injuries related to an Affected Product and do not answer Questions 17-20.
17.	Case Caption		If the answer to Question 16 is Filed Case, enter the caption (Plaintiff(s) vs. Defendant(s)) of the case filed by the claimant.
18.	Case Number		If the answer to Question 16 is Filed Case, enter the case number of the case filed by the claimant or the claimant's Legal Representative.

Question	Information Requested	Standard Responses (If applicable)	INSTRUCTIONS
19.	Current Venue of Court Case	NJ BER-L-936-13 MDL-13-2441 Other State	If the answer to Question 16 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 20.
20.	Other State Court	List of US states and territories (See List Below)	If the answer to Question 16 is Filed Case and the answer to Question 19 is Other State, enter the abbreviation for the state where the case is pending from the list below.
D. SPOUSAL INFORMATION			
21.	Is the Claimant Married?	Yes/No	Enter Yes if the claimant is married and answer Questions 22-25.
22.	Has the Claimant Filed a Lawsuit with Spouse? (Yes/No)	Yes/No	Enter Yes if the claimant and spouse have filed a lawsuit relating to the Affected Product and answer Questions 23-25.
23.	Spouse's Last Name		If the answer to Question 21 is Yes, enter the spouse's last name.
24.	Spouses' First Name		If the answer to Question 21 is Yes, enter the spouse's first name.
25.	Spouse's Middle Name or Initial		If the answer to Question 21 is Yes, enter the spouse's middle name or initial.
E. LEFT HIP IMPLANT SURGERY INFORMATION			
26.	Did the Claimant Have an Affected Product Implanted in His/Her LEFT Hip?	Yes/No	Enter Yes if the claimant underwent a surgery to implant either the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her left hip and answer Questions 27-40 as applicable.
27.	Date of Left Hip Implant Surgery		If the answer to Question 26 is Yes, enter the date (MM/DD/YYYY) of the claimant's surgery to implant either the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her left hip.
28.	Place of Left Hip Implant Surgery		If the answer to Question 26 is Yes, enter the location of the hospital where the claimant underwent a surgery to implant the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her left hip
29.	Left Hip Affected Product	ABG II Rejuvenate	If the answer to Question 26 is Yes, enter the type of Affected Product that the claimant received in his/her left hip. The two options are the ABG II Modular Neck Hip Stem ("ABG II") or the Rejuvenate Modular Neck Hip Stem ("Rejuvenate").
30.	Did the Claimant Undergo a Revision Surgery Involving the Left Hip Implant?	Yes/No	If the answer to Question 26 is Yes, enter Yes or No depending on whether the claimant underwent a revision surgery on his/her left hip subsequent to the Index Surgery to remove the stem and neck components of ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem. If the answer is Yes, answer Questions 31-40 as applicable.
31.	Date of Left Hip Revision #1		If the answer to Questions 26 and 30 are Yes, enter the date (MM/DD/YYYY) of the claimant's revision surgery related to the left hip that required removal of the stem and neck components of the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem. 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.

Question	Information Requested	Standard Responses (If applicable)	INSTRUCTIONS
32.	Date of Left Hip Revision #2		If the answer to Questions 26 and 30 are Yes and the claimant underwent a second revision surgery to remove the stem and neck components of the revision device implanted in the left hip, enter the second date in this column (MM/DD/YYYY). Leave this field blank if the claimant did not undergo a second revision surgery.
33.	Is the Claimant Scheduled for a Revision of the Left Affected Product?	Yes/No	If the answer to Question 26 is Yes and Question 30 is No, enter Yes or No depending on whether the claimant is scheduled for a revision surgery to remove the stem and neck components of the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem implanted in the left hip.
F. ADDITIONAL TREATMENT FOR LEFT HIP			
34.	If the Claimant Underwent a Surgery After the Revision Surgery on the Left Hip, Indicate the Number of Surgeries.	N/A 1 2 3 4 5	If the answer to Questions 26 and 30 are Yes, enter the number of follow up surgeries the claimant underwent following the revision surgery(ies) on his/her left hip.
35.	If the Claimant Experienced a Dislocation of the Left Hip After the Left Hip Revision Surgery, Indicate the Number of Dislocations.	N/A 1 2 3 4 5	If the answer to Questions 26 and 30 are Yes, enter the number of dislocations the claimant experienced following the revision surgery(ies) on his/her left hip.
36.	Has the Claimant Been Diagnosed with an Infection in the Left Hip After Revision or a Follow Up Surgery on the Left Hip?	Yes/No	If the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with an infection in his/her left hip following the revision surgery(ies) or follow up surgery on his/her left hip.
37.	Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for or Within 72 Hours of the Revision or a Follow Up Surgery of the Left Hip?	Yes/No	If the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a pulmonary embolism or deep vein thrombosis during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her left hip.
38.	Has the Claimant Been Diagnosed with a Stroke During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Left Hip?	Yes/No	If the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a stroke during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her left hip.

Question	Information Requested	Standard Responses (If applicable)	INSTRUCTIONS
39.	Has the Claimant Been Diagnosed with a Myocardial Infarction (Heart Attack) During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Left Hip?	Yes/No	If the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a myocardial infarction (heart attack) during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her left hip.
40.	If the Answer to Question 15 was "Deceased Claimant," are You Claiming that the Claimant's Death was Caused by the Revision or Follow Up Surgery of the Left Hip?	Yes/No	If the answer to Question 15 is "Deceased Claimant" and the answer to Questions 26 and 30 are Yes, enter Yes or No depending on whether you are claiming that the claimant's death was caused by one of his/her revision surgeries or follow up surgery on his/her left hip.
G. RIGHT HIP IMPLANT SURGERY INFORMATION			
41.	Did the Claimant Have an Affected Product Implanted in His/Her RIGHT Hip?	Yes/No	Enter Yes if the claimant underwent a surgery to implant either the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her right hip and answer Questions 42-55 as applicable.
42.	Date of Right Hip Implant Surgery		If the answer to Question 41 is Yes, enter the date (MM/DD/YYYY) of the claimant's surgery to implant either the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her right hip.
43.	Place of Right Hip Implant Surgery		If the answer to Question 41 is Yes, enter the location of the hospital where the claimant underwent a surgery to implant the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem in his/her right hip.
44.	Right Hip Affected Product	ABG II Rejuvenate	If the answer to Question 41 is Yes, enter the type of Affected Product that the claimant received in his/her right hip. The two options are the ABG II Modular Neck Hip Stem ("ABG II") or the Rejuvenate Modular Neck Hip Stem ("Rejuvenate").
45.	Did the Claimant Undergo a Revision Surgery Involving the Right Hip Implant?	Yes/No	If the answer to Question 41 is Yes, enter Yes or No depending on whether the claimant underwent a revision surgery on his/her right hip subsequent to the Index Surgery to remove the stem and neck components of ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem. If the answer is Yes, answer Questions 46-55 as applicable.
46.	Date of Right Hip Revision #1		If the answer to Questions 41 and 45 are Yes, enter the date (MM/DD/YYYY) of the claimant's revision surgery related to the right hip that required removal of the stem and neck components of the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem. 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.
47.	Date of Right Hip Revision #2		If the answer to Questions 41 and 45 are Yes and the claimant underwent a second revision surgery to remove the stem and neck components of the revision device implanted in the right hip, enter the second date in this column (MM/DD/YYYY). Leave this field blank if the claimant did not undergo a second revision surgery.
48.	Is the Claimant Scheduled for a Revision of the Right Affected Product?	Yes/No	If the answer to Question 41 is Yes and Question 45 is No, enter Yes if the claimant is scheduled for a revision surgery to remove the stem and neck components of the ABG II Modular Neck Hip Stem or Rejuvenate Modular Neck Hip Stem implanted in the right hip.

Question	Information Requested	Standard Responses (If applicable)	INSTRUCTIONS
H. ADDITIONAL TREATMENT FOR RIGHT HIP			
49.	If the Claimant Underwent a Surgery <u>After</u> the Revision Surgery on the Right Hip, Indicate	N/A 1 2 3 4 5	If the answer to Questions 41 and 45 are Yes, enter the number of follow up surgeries the claimant underwent following the revision surgery(ies) on his/her right hip.
50.	If the Claimant Experienced a Dislocation of the Right Hip After the Right Hip Revision Surgery, Indicate the Number of Dislocations.	Yes/No	If the answer to Questions 41 and 45 are Yes, enter the number of dislocations the claimant experienced following the revision surgery(ies) on his/her right hip.
51.	Has the Claimant Been Diagnosed with an Infection in the Right Hip After Revision or a Follow Up Surgery on the Right Hip?	Yes/No	If the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with an infection in his/her right hip following the revision surgery(ies) or follow up surgery on his/her right hip.
52.	Has the Claimant Been Diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis During the Hospitalization for or Within 72 Hours of the Revision or a Follow Up Surgery of the Right Hip?	Yes/No	If the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a pulmonary embolism or deep vein thrombosis during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her right hip.
53.	Has the Claimant Been Diagnosed with a Stroke During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?	Yes/No	If the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a stroke during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her right hip.
54.	Has the Claimant Been Diagnosed with a Myocardial Infarction (Heart Attack) During the Hospitalization for or Within 72 Hours of the Revision or Follow Up Surgery of the Right Hip?	Yes/No	If the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether the claimant has been diagnosed with a myocardial infarction (heart attack) during the hospitalization for or within 72 hours of his/her revision surgery(ies) or follow up surgery on his/her right hip.
55.	If the Answer to Question 15 was "Deceased Claimant," are You Claiming that the Claimant's Death was Caused by the Revision or Follow Up Surgery of the Right Hip?	Yes/No	If the answer to Question 15 is "Deceased Claimant" and the answer to Questions 41 and 45 are Yes, enter Yes or No depending on whether you are claiming that the claimant's death was caused by one of his/her revision surgeries or follow up surgery on his/her right hip.

List of US States and Territories			
Abbreviation	State/Territory	Abbreviation	State/Territory
AA	APO AA	MS	MISSISSIPPI
AE	APO AE	MO	MISSOURI
AP	APO AP	MT	MONTANA
AL	ALABAMA	NE	NEBRASKA
AK	ALASKA	NV	NEVADA
AS	AMERICAN SAMOA	NH	NEW HAMPSHIRE
AZ	ARIZONA	NJ	NEW JERSEY
AR	ARKANSAS	NM	NEW MEXICO
CA	CALIFORNIA	NY	NEW YORK
CO	COLORADO	NC	NORTH CAROLINA
CT	CONNECTICUT	ND	NORTH DAKOTA
DE	DELAWARE	MP	NORTHERN MARIANA ISLANDS
DC	DISTRICT OF COLUMBIA	OH	OHIO
FM	FEDERATED STATES OF MICRONESIA	OK	OKLAHOMA
FL	FLORIDA	OR	OREGON
GA	GEORGIA	PW	PALAU
GU	GUAM GU	PA	PENNSYLVANIA
HI	HAWAII	PR	PUERTO RICO
ID	IDAHO	RI	RHODE ISLAND
IL	ILLINOIS	SC	SOUTH CAROLINA
IN	INDIANA	SD	SOUTH DAKOTA
IA	IOWA	TN	TENNESSEE
KS	KANSAS	TX	TEXAS
KY	KENTUCKY	UT	UTAH
LA	LOUISIANA	VT	VERMONT
ME	MAINE	VI	VIRGIN ISLANDS
MH	MARSHALL ISLANDS	VA	VIRGINIA
MD	MARYLAND	WA	WASHINGTON
MA	MASSACHUSETTS	WV	WEST VIRGINIA
MI	MICHIGAN	WI	WISCONSIN
MN	MINNESOTA	WY	WYOMING