## **GRAY FORM**

## Diet Drug Settlement With American Home Products Corporation

This GRAY FORM is to be used by any Class Member who: (1) is claiming Fund A Settlement Benefits based upon an Echocardiogram performed after September 30, 1999; (2) would like to use this form to document a diagnosis of FDA Positive or Mild Mitral Regurgitation for purposes of preserving the right to seek Matrix-Level Benefits in the future; or (3) would like to document the results of an Echocardiogram for purposes of an Intermediate or Back-End Opt-Out. For these purposes, this GRAY FORM must be completed by a Cardiologist or Cardiothoracic Surgeon.

This GRAY FORM may also be used to report on the results of an Echocardiogram in connection with a present Claim for Matrix-Level Benefits. If used for that purpose, it must be completed by a Board-Certified Cardiologist or Board-Certified Cardiothoracic Surgeon with level 2 training in echocardiography.

For any of the foregoing purposes, if the same information has been provided to the AHP Settlement Trust previously on a GREEN FORM, this GRAY FORM need not be completed and submitted.

1.	Name, office address, telephone number, and E-mail address, if any, of the physician completing form.			
	(First Name) (Middle Initial) (Last Name)			
	(Street Address)			
	(City) (State) (Zip Code)			
	(Daytime Area Code & Phone Number)  (Evening Area Code & Phone Number)			
	(E-mail Address, if any)			
<ol> <li>3.</li> </ol>	<ul> <li>a. Are you Board-Certified in either cardiology or cardiothoracic surgery?  \[ \textsite \text{Yes}  \text{No} \]</li> <li>b. Do you have level 2 training in echocardiography as specified in the "Recommendations of the American Society of Echocardiography Committee on Physician Training in Echocardiography" \( \text{Types}  \text{No} \)</li> <li>\text{No}  \text{No} \)</li> <li>This form relates to the results of an Echocardiogram performed on the following individual:</li> </ul>			
	(First Name) (Middle Initial) (Last Name)			
	(Social Security Number of the individual who was the subject of the Echocardiogram — if known)  18300 —			
4.	Did the above-named patient have an Echocardiogram which was conducted in accordance with the standards and criteria as outlined in Feigenbaum <sup>2</sup> (1994) or Weyman <sup>3</sup> (1994)?			
	□ Yes □ No			
5.	If the answer to Question #4 is "Yes," state the date when the Echocardiogram was performed.			
	(Date of Echocardiogram MM/DD/YYYY)			

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	ased on your review of the Echocardiogram tape or disk, does the above-named Diet Drug Recipient ave the following conditions as defined by Singh <sup>4</sup> ? (Check each that applies):			
a.	For	For mitral regurgitation, the following determined in any apical view:		
		Mild mitral regurgitation, defined as (1) either the Regurgitant Jet Area/Left Atrial LAA") ratio is more than 5% or the mitral regurgitant jet height is greater than 1 cm froifice, and (2) the RJA/LAA ratio is less than 20%.		
		Moderate mitral regurgitation, defined as regurgitant jet area in any apical view equal than 20% of the left atrial area but less than or equal to 40% (20% to 40% RJA/LAA).	to or greater	
		Severe mitral regurgitation, defined as >40% RJA/LAA.		
		None of the above.		
b.		For a ortic regurgitation, the following determined in the parasternal long-axis view or in the parasternal long-axis view, if the parasternal long-axis view is unavailable:	n the apical	
		Mild aortic regurgitation, defined as regurgitant jet diameter equal to or greater than than 25% of the outflow tract height (10% - 24% jet height ("JH")/left ventricular (height ("LVOTH")).		
		Moderate aortic regurgitation, defined as 25% - 49% JH/LVOTH.		
		Severe aortic regurgitation, defined as >49% JH/LVOTH.		
		None of the above.		
Echocar	diogr	de with this form a copy of the report of the results of the above-referenced Echocardiogram tape and/or disk. If the above-referenced Echocardiogram tape and/or disk is a describe below the circumstances under which it came to be misplaced or destroyed.		
(For Use	e Onl	only If Echocardiogram Tape and/or Disk is No Longer in Existence.)		
Settlem under p	ent a enal	form is an official Court document sanctioned by the Court that presides over the and submitting it to the AHP Settlement Trust is equivalent to filing it with a Couralty of perjury that the information provided in this form is true and correct to the c, information and belief.	rt. I declare	
(Signature	of Card	dardiologist or Cardiothoracic Surgeon)	YYY)	
Committ <sup>2</sup> H. Feige <sup>3</sup> A. E. We	ee for I nbaum, eyman, gh, et a	S., et al., Guidelines for Optimal Physician Training in Echocardiography. Recommendations of the American Society of Expression Training in Echocardiography, 60 Am. J. Cardiol. 158-163 (1987).  Im, Echocardiography 68-133 (5th ed. 1994).  Im, Principles and Practice of Echocardiography 75-97 (2d ed. 1994).  Int al., Prevalence and Clinical Determinants of Mitral, Tricuspid and Aortic Regurgitation (The Framingham Heart Study), 8 (1994).	~	
		Moil this form to: AUD Sottlement Trust		

AHP Settlement Trust 1100 E. Hector Street Suite 450 Conshohocken, PA 19428

For assistance call 1-800-386-2070 or access the AHP Settlement Trust website at <a href="http://www.settlementdietdrugs.com">http://www.settlementdietdrugs.com</a>.