

Proof of Receipt of Blood Protocol

1. This protocol applies where there are no hospital records or where those available do not confirm receipt of Blood by the Primarily-Infected Class Member.

No Hospital Records

2. Where a claimant asserts that the hospital records of the relevant Primarily-Infected Class Member have been destroyed or are otherwise unavailable, the claimant must provide, or the Administrator must obtain:

- a. documentation from the hospital(s) at which the Primarily-Infected Class Member is said to have received Blood confirming that the records have been destroyed or are otherwise unavailable; and
- b. a consent form signed by or on behalf of the Primarily-Infected Class Member authorizing the Administrator to communicate with the hospital(s) and make further inquiries about the availability of records.

No Hospital Records or Hospital Records Do Not Confirm Receipt of Blood but Primarily-Infected Class Member Received Notification As Part Of A Blood Recipient Notification Program

3. Where a Primarily-Infected Class Member has been the subject of the British Columbia or Nova Scotia Blood Recipient Notification Projects (“BRNPs”) and has hospital records that do not confirm that Blood was received or, subject to paragraph 2, where hospital records are destroyed or unavailable, the Administrator shall accept the following in satisfaction of section 2.01 (2) of the Settlement Agreement:

- a. a letter from the British Columbia Ministry of Health or the Nova Scotia Department of Health (a “BRNP notification letter”) pertaining to the Primarily-Infected Class Member in substantially similar form to those found at Appendix “A” to this Protocol as proof of receipt of Blood; and
- b. a consent form signed by or on behalf of the Primarily-Infected Class Member authorizing the Administrator to obtain information from any relevant provincial health authority (such as BRNP) or hospital which may have information about the unit numbers of Blood received by the Primarily-Infected Class Member and/or the dates of receipt of Blood. If the BRNP notification letter does not confirm that the receipt of Blood took place during the Class Period, the Administrator shall make inquiries of the relevant provincial health authority as to the date of receipt of Blood; and
- c. unless the information obtained through paragraphs 2 or 3(a) or (b) above confirms that the date of the receipt of Blood was during the Class Period, an affidavit of a person who is not the Primarily-Infected Class Member or a Family Member of the

Primarily-Infected Class Member confirming that the Primarily-Infected Class Member was hospitalized during the Class Period, and providing the following particulars:

- i. the month and year of the hospitalization(s);
- ii. the reason for the hospitalization(s);
- iii. the basis of the affiant's personal knowledge that the Primarily-Infected Class Member was hospitalized; and
- iv. whether or not the affiant has personal knowledge that the Primarily-Infected Class Member received Blood during the hospitalization(s), and if so, the basis of that knowledge.

For purpose of clarity, the Administrator must be satisfied on a balance of probabilities that the receipt of Blood referred to in a BRNP notification letter took place during the Class Period.

4. The Administrator shall have Canadian Blood Services or Hema Quebec attempt to obtain from the hospital(s) blood bank the unit numbers of Blood received by the Primarily-Infected Class Member. If the Administrator obtains the unit numbers or some of them through the Canadian Blood Services or Hema Quebec search, the Administrator shall apply the Traceback Procedure For Primarily-Infected Class Members.

No Hospital Records or Hospital Records Do Not Confirm Receipt of Blood and The Primarily-Infected Class Member Did Not Receive Notification As Part Of A Blood Recipient Notification Program

5. Subject to paragraphs 2 and 7 and the following constraints, the Administrator may accept any evidence it deems reliable as proof on the balance of probabilities of receipt of Blood in Canada during the Class Period in satisfaction of section 2.01(2) of the Settlement Agreement:

- a. evidence of the Primarily-Infected Class Member or a Family Member of the Primarily-Infected Class Member may not be considered. The claimant must deliver to the Administrator corroborating evidence independent of the personal recollection of the Primarily-Infected Class Member or any person who is the Family Member of the Primarily-Infected Class Member; and
- b. any evidence which is in the nature of personal recollection must be in affidavit form and must provide the following particulars:
 - i. the month and year of the hospitalization(s);
 - ii. the reason for the hospitalization(s); and
 - iii. the basis of the affiant's personal recollection that the Primarily-Infected

Class Member received Blood during the hospitalization(s).

6. Subject to paragraph 5, the following are examples of the type of evidence which the Administrator may consider:

- a. an affidavit of a medical practitioner or hospital employee involved in the care of the Primarily-Infected Class Member at the time of the receipt of Blood who recalls the receipt of Blood;
- b. the opinion of a medical practitioner, who practices in the specialty to which the Primarily-Infected Class Member's underlying medical condition belongs or who specializes in blood banking, that at the time the receipt of Blood took place, and given the nature of the medical treatment the Primarily-Infected Class Member underwent and/or the circumstances of the Primarily-Infected Class Member at that time, it is more likely than not that the Primarily-Infected Class Member received Blood. If such an opinion is advanced by a person who does not have personal knowledge of the Primarily-Infected Class Member's underlying medical condition, the medical treatment the Primarily-Infected Class Member underwent and the circumstances of the Primarily-Infected Class Member at the time of the receipt of Blood, there should be independent evidence of the underlying medical condition, the medical treatment and the circumstances of the Primarily-Infected Class Member at the time of the receipt of Blood other than the recollection of the Primarily-Infected Class Member or any person who is a Family Member of the Primarily-Infected Class Member;
- c. an affidavit of a person who witnessed the receipt of Blood; or
- d. hospital or other medical or clinical records which describe significant blood loss or refer to a receipt of Blood at the time of the alleged receipt of Blood.

7. The Administrator shall have Canadian Blood Services or Hema Quebec attempt to obtain from the hospital(s) blood bank the unit numbers of Blood received by the Primarily-Infected Class Member. If the Administrator obtains the unit numbers or some of them through the Canadian Blood Services or Hema Quebec search, the Administrator shall apply the Traceback Protocol.