

Schedule "A"

Court File No. 98-CV-143334

ONTARIO

SUPERIOR COURT OF JUSTICE

THE HONOURABLE CHIEF  
JUSTICE WINKLER

) Monday THE 8 DAY  
) OF August, 2011

BETWEEN:

MICHAEL MCCARTHY, CHRISTINE MCCARTHY, DEREK MARCHAND

Plaintiffs

- and -

THE CANADIAN RED-CROSS SOCIETY, THE ATTORNEY GENERAL OF CANADA

Defendants

Proceeding under the *Class Proceedings Act, 1992*

Court File No. 99-CV-162855

ONTARIO

SUPERIOR COURT OF JUSTICE

AND BETWEEN:

MICHAEL MCCARTHY, CHRISTINE MCCARTHY, DEREK MARCHAND

Plaintiffs

- and -

CONNAUGHT LABORATORIES LIMITED, CONNAUGHT BIOLOCS LIMITED,  
CONTINENTAL PHARMA CRYOSAN INC., NORTH AMERICAN BIOLOGICALS  
INC. and THE ATTORNEY GENERAL

Defendants

Proceeding under the *Class Proceedings Act, 1992*

**ORDER**

(Deficient Claims)

THIS IS TO CERTIFY THAT THIS DOCUMENT, EACH PAGE OF WHICH IS STAMPED WITH THE SEAL OF THE SUPERIOR COURT OF JUSTICE AT TORONTO, IS A TRUE COPY OF THE DOCUMENT ON FILE IN THIS OFFICE.

LA PRÉSENT ATTESTE QUE CE DOCUMENT, DONT CHACUNE DES PAGES EST REVÊTUE DU SCEAU DE LA COUR SUPÉRIEURE DE JUSTICE A TORONTO, EST UNE COPIE CONFORME DU DOCUMENT CONSERVÉ DANS CE BUREAU

DATED AT TORONTO THIS 10 DAY OF Aug 20 11  
FAIT A TORONTO LE 10 JOUR DE

REGISTRAR

GREFFIER

THIS MOTION, made by the Representative Plaintiffs in the above named action for an Order regarding deficient claims was heard in writing this day at 393 University Avenue, Toronto, Ontario.

ON READING the Notice of Motion, the affidavit of Alexandra Carr sworn on January 14, 2011 and the Consent of the Representative Plaintiffs and the defendant Attorney General of Canada through their counsel,

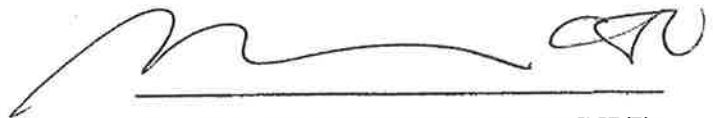
THIS COURT ORDERS, that,

1. Where a claimant has submitted a claim but has failed to provide sufficient information or documentation for the Administrator to either approve or deny the claim, the Administrator shall send the claimant a "Deficiency Letter" in substantially the form attached to this Order as Schedule A. The Deficiency Letter will set out a deadline by which all of the deficiencies must be cured (the "Deficiency Deadline") of 90 days from the date of the Deficiency Letter. If 90 days from the date of the Deficiency Letter falls on a date that is not a Business Day (as defined in the Settlement Agreement), the Deficiency Deadline will be stipulated as the next succeeding day that is a Business Day.
2. A claimant may, prior to the Deficiency Deadline, request an extension of the claimant's Deficiency Deadline. An extension of a Deficiency Deadline may be granted only with leave of the Court. A request for an extension of a Deficiency Deadline must be submitted to the Administrator in writing using the "Request Form -- Deficiency Deadline Extension" attached to this Order as Schedule B. The claimant must set out the steps taken to cure the deficiencies, the reason why the deficiencies have not been cured, and the steps the claimant proposes to take to cure the deficiencies. The Request Form -- Deficiency Deadline Extension will be provided by the Administrator to claimants upon request, and will be available on the Administrator's web site.
3. Upon receipt of a Request Form -- Deficiency Deadline Extension, the Administrator shall forthwith forward to the Court Monitor a copy of the Form, together with copies of the

Deficiency Letter and the claim documentation. The Court Monitor shall provide this material to the appropriate case management judge for a decision on whether to grant an extension of the Deficiency Deadline and on what terms.

4. If the claimant has not, on or before the Deficiency Deadline, cured all of the deficiencies or submitted a Request Form – Deficiency Deadline Extension, the Administrator shall deny the claim and shall send the claimant a “Rejection Letter” substantially in the form attached to this Order as Schedule C. If a claimant has obtained an extension of the Deficiency Deadline but has failed to cure all of the deficiencies on or before the extended Deficiency Deadline, the Administrator shall deny the claim and shall send the claimant a Rejection Letter. A denial of a claim for failure to cure deficiencies is subject to appeal under the Rules for Appeals.

5. Nothing in this Order shall have the effect of extending any deadline stipulated in the Settlement Agreement, including, without limiting the generality of the foregoing, the deadlines referred to in article 5.01 of the Settlement Agreement.

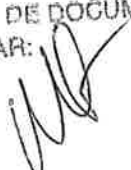


CHIEF JUSTICE WARREN K. WINKLER

ENTERED AT / INSCRIT À TORONTO  
ON / BOOK NO:  
LE / DANS LE REGISTRE NO.:

AUG 10 2011

AS DOCUMENT NO.:  
À TITRE DE DOCUMENT NO.:  
PER / PAR:



Schedule "A"



Pre-1986/Post-1990 Hepatitis C Settlement Administration

**DEFICIENCY LETTER  
90 DAY DEADLINE**

*date*

*name  
address*

Dear Claimant:

*Subject: Your file no.*

After reviewing your file, we have insufficient information or documentation to approve your claim.

Your claim has the following deficiencies:

\*\*\*

The Courts have set a 90 day deadline for curing deficiencies in claims made under this settlement. Accordingly, the above deficiencies must be cured by no later than \*\*\*. A denial of a claim for failure to cure deficiencies is subject to appeal under the Rules for Appeals.

Extensions of the deadline may be granted only by the Courts. If you wish to request an extension of the deadline, you must complete a Request Form - Deficiency Deadline Extension setting out the steps taken to cure deficiencies, the reason why the deficiencies have not been cured and the steps you propose to take to cure the deficiencies. The Request Form - Deficiency Deadline Extension can be obtained on our website at [www.pre86post90settlement.ca](http://www.pre86post90settlement.ca) or by contacting us at 1-866-334-3361. A request for an extension of your deadline must be submitted by no later than \*\*\*.

If you have not, by \*\*\*, cured all of the deficiencies or submitted a Request Form - Deficiency Deadline Extension, the claim will be denied.

If you have any questions regarding your claim, please contact the Settlement Administrator at 1 866 334-3361. All correspondence to the Administrator must include your file number and be mailed to the following address:

Pre-1986/Post-1990 Hepatitis C  
Settlement Administrator  
Suite 3 - 505, 133 Weber Street North  
Waterloo (Ontario) N2J 3G9  
Toll-free: 1 866 334-3361

**Yours truly,**

**Pre-1986/Post-1990 Hepatitis C Settlement Administrator**



**Pre-1986/Post-1990 Hepatitis C Settlement**

**REQUEST FORM  
DEFICIENCY DEADLINE EXTENSION**

A claimant may apply in writing to the Claims Administrator, for an extension of the deadline to cure the deficiencies. The Claimant must set out the steps taken to cure the deficiencies, the reason why the deficiencies have not been cured and what steps the claimant proposes to take to cure the deficiencies. The Request will be sent to the Court for a decision on whether to grant an extension.

**Section A – HCV INFECTED CLASS MEMBER or FAMILY MEMBER Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Section B – PERSONAL REPRESENTATIVE**

Complete this Section about yourself if you are a Personal Representative submitting a claim on behalf of an HCV Infected Class Member or Family Member who is a minor, a mentally incompetent adult, or deceased.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Province/Territory \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Section C – TYPE OF CLAIMANT**

Check the appropriate box.

- HCV Infected Class Member
- Family Member

**Section D – FILE NUMBER**

Identify the file number this extension pertains to.

File Number \_\_\_\_\_

Specify the steps taken to cure the deficiencies:

---

---

---

---

---

Specify the reason why the deficiencies have not been cured:

---

---

---

---

---

Specify the steps the claimant proposes to take to cure the deficiencies:

---

---

---

---

---

\_\_\_\_\_  
Date Signed (Month Day Year)

\_\_\_\_\_  
Signature of the Claimant or Personal Representative

*Please return both pages of this form to the Administrator if you are requesting an extension.*

Schedule "C"



Pre-1986/Post-1990 Hepatitis C Settlement Administration

**REJECTION LETTER**  
**Deficiency Deadline**

*date*

*name*  
*address*

Dear Claimant:

*Subject: Your file no.*

We are writing to advise you that your claim for compensation under the Pre-1986/Post-1990 Hepatitis C Settlement Administration has been denied. The reasons for denial are set out below.

**Deficiency Deadline**

On *[insert date]*, we sent you a letter providing you notice that you had until \*\*\* to cure all of the deficiencies in your claim or request a deadline extension. Because those deficiencies were not cured and no extension was requested, your claim has been denied.

**Right of Appeal**

As per Section 16.01 of the Agreement, you can appeal the decision of the Administrator within 30 days of receiving this letter:

*A person who has submitted a claim may appeal any decision of the Administrator as to eligibility, deficiencies or amount of compensation with respect to that claim. An appeal of the Administrator's decision must be filed within 30 days of receipt of the decision appealed from, failing which the decision will be final and binding.*

Please review the Rules of Appeal and Instructions for filing a Request for Review.

To request a review you must complete and return to the Administrator the enclosed "Request for Review Form" within 30 days from the date that you receive this letter. You must state your objections and the reasons supporting your objections.

If you do not mail a completed "Request for Review Form", the Administrator's decision to reject your claim will become final 30 days after you receive this letter.



If you have any questions, please do not hesitate to contact the Settlement Administrator at 1 866 334-3361 or visit our website at [www.pre86post90settlement.ca](http://www.pre86post90settlement.ca).

Yours truly,

Pre-1986/Post-1990 Hepatitis C Settlement Administrator

Encl.

**MICHAEL MCCARTHY ET AL.**  
Plaintiffs

- AND -

**THE CANADIAN RED CROSS SOCIETY, THE ATTORNEY GENERAL OF CANADA**

Defendants

COURT FILE NO: 98-CV-143334

**ONTARIO**  
**SUPERIOR COURT OF JUSTICE**  
PROCEEDING COMMENCED IN TORONTO

**ORDER**

**Roy Elliott O'Connor LLP**  
200 Front Street West  
Suite 2300  
Toronto, Ontario, Canada  
M5V 3K2  
Phone: 416-362-1989

**PETER ROY**  
416-362-1989