

EXHIBIT B

MDL 926 (Breast Implant Litigation) Proof of Manufacturer Form

Do not return this form if you are not eligible to participate in—or are now rejecting—the revised settlement.

Breast Implant Recipient Identification

SOCIAL SECURITY OR MDL REGISTRATION NO.	NAME			BIRTH DATE		
	Last Name	First Name	MI	Mo	Dy	Yr

To assure proper recording and filing, print legibly and in English; use correct Social Security or MDL Registration number. Persons with long names should use first 14 characters of last name and first 11 characters of first name

Provide following information for each breast implant you have had

BREAST IMPLANT HISTORY						
Already Provided	Proof		Approximate Date of Implant (Mon/Yr)	Implant Brand or Manufacturer	Implanting Surgeon or Location of Implant Surgery	Approximate Date Explanted (Mon/Yr)
	Attached w/form	No Proof				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Mark this box if you have had more than 4 breast implants (or sets of breast implants). If you mark this box, provide same information regarding those implants on separate sheet, indicating your name and Social Security or MDL Registration number.

If you cannot determine the brand name or manufacturer of one or more of your implants, describe below the steps you have taken to identify the brand name or manufacturer.

(Use additional sheet(s) if needed, indicating your name and Social Security or MDL Registration number.)

I declare under penalty of perjury that the above information (and any information contained on supplemental pages) is—to the best of my knowledge, information, and belief—true, accurate, and complete.

Date Signed _____

Signature (Claimant or Court-appointed Representative) _____

See instructions and Explanation on back of form

Instructions and Explanation for Proof of Manufacturer Form

Complete and return this form to Claims Office if, but only if, you have filed (or are filing) an Election Form indicating that you may wish to participate in the revised settlement and can establish you have had at least one Bristol, Baxter, 3M, or "post 8/84 McGhan" breast implant. See Notice ¶ 9 and Exhibit G for definitions and list of implant manufacturers and brand names.

You should file this form even if you are not making any claim for benefits at this time. Currently there is no deadline to return this form but the earlier this information is provided, the earlier your status and eligibility for benefits can be evaluated by the Claims Office. However, if you want to preserve status as a "Current Claimant", you must file the form by December 16, 1996.

Provide implant history (legibly and in English), providing all requested information for each breast implant (or set of implants) you have received. Provide this information for all breast implants you have ever had, including those made by other manufacturers. If you do not know the brand name or manufacturer of an implant, indicate as "unknown" and explain what steps you have taken in an effort to identify the brand name or manufacturer.

For each implant, mark the appropriate box indicating whether you have already sent proof of manufacture to the Claims Office, or are attaching proof with this form, or do not have this proof. You are presently required to provide this proof only for at least one Bristol, Baxter, 3M implant—or, if you cannot prove one of those implants, for at least one "post 8/84 McGhan" implant. However, all proof of manufacture that you and your attorney now have should be sent to the Claims Office, and you may be asked at a later time to provide additional information to assist in identifying manufacturers if you have had more than one set of implants.

Acceptable Proof. At the present time, acceptable proof of manufacture of a Bristol, Baxter, 3M, or "post 8/84 McGhan" implant can be established by either:

- (1) hospital records or the surgeon's report of the surgery—written at the time of the implantation surgery—that specify the brand name or manufacturer of the implants that were implanted, or
- (2) a certified copy of medical records that contain the implant package label.

If you are unable to obtain proof under (1) or (2), you must describe the steps you took to try to secure that proof and explain why it was not available. You may then submit an affirmative statement from the medical doctor who performed the implantation (or a responsible person at the treating facility), attesting that you were implanted with a particular manufacturer's implants and providing the basis for that conclusion. (It is not sufficient for this conclusion to be based merely upon "typical", "routine", or "general" practices concerning implant usage during a given time period.)

Special instructions for participants with McGhan implants. To prove that a McGhan implant which was implanted after August 3, 1984, was wholly or partly manufactured before that date (and therefore can be treated as a 3M implant rather than a "post 8/84 McGhan" implant), you should provide proof of the 3M name or qualifying serial number under (1) or (2) above. A list of McGhan serial numbers qualifying as 3M implants is available from the Claims Office upon request.

Unacceptable Proof. You should not submit proof that consists only of your own recollection (or that of a friend or relative) regarding the brand name or manufacturer of your implant.

The settling manufacturers have agreed to provide assistance to claimants unable to identify the manufacturer and/or brand name from medical records available to the claimant. If you need this assistance, call 513-651-9770.

If you have further questions, read the enclosed information booklet; contact your attorney; or call 1-800-600-0311 (toll-free in U.S.) or 713-951-9106

When completed, mail to:
 Claims Administrator
 P. O. Box 56666
 Houston, Texas 77256 USA