

OPT OUT FORM

This is NOT a Claim Form. This Form EXCLUDES you and members of your family from participating in the Settlement Agreement. DO NOT fill out this Form if you wish to participate in the Settlement Agreement.

A class action was commenced in Ontario alleging that the Defendants' negligence in the packaging and labelling of Chemotherapy Drugs caused and/or contributed to approximately 1202 cancer patients in Ontario and New Brunswick receiving lower than intended dosages of the Chemotherapy Drugs (gemcitabine and cyclophosphamide), ("Dosing Incident"), at Windsor Regional Hospital, London Health Sciences Centre, Lakeridge Health, Peterborough Regional Health Centre and Regional Health Authority B (Saint John Regional Hospital) (the "Hospitals"), between February 6, 2012 and April 2, 2013 ("Class Period").

The Ontario Court has certified this class action, for settlement purposes, against Mezentco Solutions Inc., Mezentco Inc., Medbuy Corporation and the Hospitals for the following classes:

- (a) The "Class Members" being all persons, or their estates, who attended at the Hospitals for treatment during the Class Period and who were administered Chemotherapy Drugs affected by the Dosing Incident; and
- (b) The "Family Class Members" being the living partner, spouse, children, grandchildren, parents, grandparents or siblings of a Class Member.

If you want to opt out of the Class (in which case you cannot participate in the proposed Settlement), this Opt Out Form must be completed, signed, sent and postmarked by regular mail fax or email, no later than December 7, 2016 to the Opt Out Notice Administrator at the address listed at the end of this Opt Out Form. No further opportunity to opt out will be provided without a further order of the Court.

No person may opt out a minor or a mentally incapable individual without permission of the Court after notice to the Children's Lawyer and/or Public Guardian and Trustee, as applicable. If a Class Member opts out, his or her Family Class Members will be deemed to have opted out. Family Class Members cannot opt out unless the Class Member does so as well. If a Class Member is deceased, his or her estate trustee has the right to opt out.

Please read the entire form and follow the instructions carefully.

I. Personal Information: Please provide the following information about yourself, or, if you are filing this Opt Out Form as the legal representative of a Class Member, please provide the following information about the Class Member.

- a. Current name and other names (e.g., maiden names, married names) used by the Class Member for the past ten years (last name first, followed by first name and middle initial):

Prefix: Mr. Mrs. Miss Ms. Dr.

First Name		Middle Name
Last Name		
Prior Last Name		
Relationship to Class Member (<i>i.e.</i> , spouse or child)		Date of Birth (Day/Month/Year)
Street Address		
City	Province /Territory	Postal Code
()	()	
Daytime Phone Number	Evening Phone Number	E-mail Address

Language Preference:

English French

II. Legal Representative Information (if applicable): If you are filing this Opt Out Form as the legal representative of a Class Member (e.g. as the executor of his or her estate), please provide the following information about *yourself* and attach a copy of your court approval or other authorization to represent the Class Member.

Last Name	First Name	Middle Initial
Street Address		
City	Province /Territory	Postal Code
()	()	
Daytime Phone Number	Evening Phone Number	E-mail Address
Type of Legal Representative (e.g. executor, guardian)		

Please attach a copy of a court order or other official document(s) demonstrating that you are the duly authorized legal representative of the Class Member and check the box below describing the Class Member's status:

- minor (court order appointing guardian or property or custody order, if any, or sworn affidavit of the person with custody of the minor);
- a mentally incapable person (copy of a continuing power of attorney for property, or a Certificate of statutory guardianship);
- Certificate of Appointment as Estate Trustee.

III. Lawyer Information (if applicable): If you or the Class Member have hired a lawyer in connection with a claim arising from the Class Member's Dosing Incident at the Hospitals during the Class Period, please provide the following information about the lawyer:

Law Firm Name _____

Lawyer's Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ Province _____

Postal Code _____

Phone _____ Fax _____

Email _____

Law Society Number _____

IV. Acceptance and Acknowledgement

I have read the foregoing and understand that by opting out, I will never be eligible to receive any compensation pursuant to the Settlement Agreement with Mezentco, Medbuy and/or the Hospitals. I further understand that if I am the Class Member, all my Family Class Members who might otherwise make a claim for compensation pursuant to the Settlement Agreement are deemed to have opted out as well.

Date signed

Signature

(Class Member or Executor, Administrator, or Personal Representative)

Print Name

If you have questions about using or completing this Form, call the Opt Out Notice Administrator's Information Line at:

Marsh Canada, Administrator: 1.866.647.7520

THE INFORMATION CONTAINED IN THIS FORM WILL REMAIN CONFIDENTIAL

SEND COMPLETED FORM TO:

Mail:
Marsh Canada, Administrator
Chemotherapy Dilution Class Action
P.O. Box 428, Station A
Toronto, ON M5W 1C2

Courier:
Marsh Canada, Administrator
Chemotherapy Dilution Class Action
120 Bremner Blvd., Suite 800
Toronto, ON M5J 0A8

Email: Chemotherapydilutionclassaction@marsh.com
Phone: 1.866.647.7520
Fax: 1.800.997.4609

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