IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11
W. R. GRACE & CO., <u>et al.</u> ,) Case No. 01-01139 (JKF
) Jointly Administered
Debtors.)
	1

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC. CLAIMS PROCESSING AGENT RE: W.R. GRACE & CO. BANKRUPTCY P.O. BOX 1620 FARIBAULT, MN 55021 RUST CONSULTING, INC. CLAIMS PROCESSING AGENT RE: W.R. GRACE & CO. BANKRUPTCY 201 S. LYNDALE AVE. FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL <u>NOT</u> BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

INSTRUCTIONS

A. GENERAL

- This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors (or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
- 2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will **not** be accepted and will **not** be deemed filed.
 - Do **not** send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
- 3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
- 4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
- 5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

D. PART III - Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- 01. Air conditioning and heating installer/maintenance
- 02. Asbestos miner
- 03. Asbestos plant worker/asbestos manufacturing worker
- 04. Asbestos removal/abatement
- 05. Asbestos sprayer/spray gun mechanic
- 06. Assembly line/factory/plant worker
- 07. Auto mechanic/bodywork/brake repairman
- 08. Boilermaker
- 09. Boiler repairman
- 10. Boiler worker/cleaner/inspector/engineer/installer
- 11. Building maintenance/building superintendent
- 12. Brake manufacturer/installer
- 13. Brick mason/layer/hod carrier
- 14. Burner operator
- 15. Carpenter/woodworker/cabinetmaker
- 16. Chipper
- 17. Clerical/office worker
- 18. Construction general
- 19. Custodian/janitor in office/residential building
- 20. Custodian/janitor in plant/manufacturing facility
- 21. Electrician/inspector/worker
- 22. Engineer
- 23. Firefighter
- 24. Fireman
- 25. Flooring installer/tile installer/tile mechanic
- 26. Foundry worker
- 27. Furnace worker/repairman/installer
- 28. Glass worker
- 20. Glass worker
- 30. Insulator

- 31. Iron worker
- 32. Joiner
- 33. Laborer
- 34. Longshoreman
- 35. Machinist/machine operator
- 36. Millwright/mill worker
- 37. Mixer/bagger
- 38. Non-asbestos miner
- 39. Non-occupational/residential
- 40. Painter
- 41. Pipefitter
- 42. Plasterer
- 43. Plumber install/repair
- 44. Power plant operator
- 45. Professional (e.g., accountant, architect, physician)
- 46. Railroad worker/carman/brakeman/machinist/conductor
- 47. Refinery worker
- 48. Remover/installer of gaskets
- 49. Rigger/stevedore/seaman
- 50. Rubber/tire worker
- 51. Sandblaster
- 52. Sheet metal worker/sheet metal mechanic
- 53. Shipfitter/shipwright/ship builder
- 54. Shipyard worker (md. repair, maintenance)
- 55. Steamfitter
- 56. Steelworker
- 57. Warehouse worker
- 58. Welder/blacksmith
- 29. Heavy equipment operator (includes truck, forklift, & crane) 59. Other

Industry Codes

- 001. Asbestos abatement/removal
- 002. Aerospace/aviation
- 100. Asbestos mining
- 101. Automotive
- 102. Chemical
- 103. Construction trades
- 104. Iron/steel
- 105. Longshore
- 106. Maritime
- 107. Military (other than U.S. Navy)
- 108. Non-asbestos products manufacturing

- 109. Petrochemical
- 110. Railroad
- 111. Shipyard-construction/repair
- 112. Textile
- 113. Tire/rubber
- 114. U.S. Navy
- 115. Utilities
- 116. Grace asbestos manufacture or milling
- 117. Non-Grace asbestos manufacture or milling
- 118. Other

E. PART IV - Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace <u>not</u> involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL

a	a. <u>GENERAL INFORMATION</u>			
1.	1. Name of Claimant:	2. Gende	er: Male Femal	e
3.	3. Race (for purposes of evaluating Pulmonary Function Test results):] White/Cau	ıcasian 🗌 African Ar	nerican 🗌 Other
4.	4. Last Four Digits of Social Security Number: 5.	Birth Date:		
6.	6. Mailing Address:			
7	Address 7. Douting Telephone Number	City	State/Province	Zip/Postal Code
	7. Daytime Telephone Number:			
D.	b. <u>LAWYER'S NAME AND FIRM</u>			<u> </u>
1.	1. Name of Lawyer:			
2.	2. Name of Law Firm With Which Lawyer is Affiliated:			
3.	3. Mailing Address of Firm: Address	City	State (Province	7'- D+1 C-1
1	4. Law Firm's Telephone Number or Lawyer's Direct Line:	•	State/Province	Zip/Postal Code
7.	Check this box if you would like the Debtors to send subseque			
	sending such materials to you.	iit iiiateriai re	rating to your claim to	your lawyer, in neu or
c.	c. CAUSE OF DEATH (IF APPLICABLE)			
	Primary Cause of Death (as stated in the Death Certificate): Contributing Cause of Death (as stated in the Death Certificate):			
	PART II: ASBESTOS-RELATED	CONDITIO	N(S)	
Qu co dia	Mark the box next to the conditions with which you have been diagnosed Questionnaire. If you have been diagnosed with multiple conditions and/or if condition by multiple doctors, please complete a separate Part II for each diagnostic tests that change or conflict with the initial diagnosis. For your co C to this Questionnaire.	you received initial diagno	I diagnoses and diagnososis and any previous	stic tests relating to the same or subsequent diagnoses o
[.]	1. Please check the box next to the condition being alleged:			
	Asbestos-Related Lung Cancer Asbestosis Other Asbestos Disease Mesothelioma Other Cancer (cancer) Clinically Severe		ited to lung cancer or m	nesothelioma)
a	a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with napply):	nalignant me	sothelioma based on t	he following (check all tha
	diagnosis from a pathologist certified by the American Board	of Pathology		
	diagnosis from a second pathologist certified by the American	Board of Pat	hology	
	diagnosis and documentation supporting exposure to Grace a the development of the condition	sbestos-conta	aining products having	a substantial causal role in

	os-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on owing (check all that apply):
	findings by a pathologist certified by the American Board of Pathology
	evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
	evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
	evidence of asbestosis determined by pathology
	evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
	evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
	diffuse pleural thickening as defined in the International Labour Organization's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
	a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
Oth	er Cancer:
(i) If al	leging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:
	colon pharyngeal esophageal laryngeal stomach cancer other, please specify
(ii) Wer	re you diagnosed with the above-indicated cancer based on the following (check all that apply):
	findings by a pathologist certified by the American Board of Pathology
	evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
	evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
	evidence of asbestosis determined by pathology
	a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
Clin appl	ically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that y):
	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
	a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
	a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
	asbestosis determined by pathology
	a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating total lung capacity less than 65% predicted

c.

d.

	a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
	a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
Asb	estosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
	a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
	a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
	asbestosis determined by pathology
	a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
	a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
	er Asbestos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was diagnosis based on the following (check all that apply):
	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
	diagnosis determined by pathology
	a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
	a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
	a chest x-ray reading other than those described above
	a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's <i>Lung Function Testing; Selection of Reference Values and Interpretive Strategies</i> , demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
	a pulmonary function test other than that discussed above
	a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
	a CT Scan or similar testing
	a diagnosis other than those above
	other (please specify):

e.

f.

Date of Diagnosis:	_			
Diagnosing Doctor's Name:		Diagnosing Doc	ctor's Specialty:	
Diagnosing Doctor's Mailing Address:	· · · · · · · · · · · · · · · · · · ·			
	Address	City	State/Province	Zip/Postal Code
Diagnosing Doctor's Daytime Telephone	Number:	-	_	
With respect to your relationship to the d	liagnosing doctor, chec	ck all applicable box	kes:	
Was the diagnosing doctor your pers	onal physician? Yes	□ No		
Was the diagnosing doctor paid for the	he diagnostic services th	nat he/she performed	? 🗌 Yes 🔲 No	
If yes, please indicate who paid f	or the services performe	ed:		
Did you retain counsel in order to red	ceive any of the services	s performed by the di	agnosing doctor? [Y	es 🗌 No
Was the diagnosing doctor referred to	o you by counsel? 🗌 Ye	es 🗌 No		
Are you aware of any relationship be	tween the diagnosing do	octor and your legal	counsel? Yes No)
If yes, please explain:				
Was the diagnosing doctor certified as a pathe diagnosis? Yes No		·		
Was the diagnosing doctor certified as a				• =
Was the diagnosing doctor provided with		•	smoking history prio	r to diagnosis?Yes
Did the diagnosing doctor perform a physical				_
Do you currently use tobacco products?		_	- —	_
If answer to either question is yes, pleas dates and frequency with which such p		u have regularly use	ed any of the following	g tobacco products ai
Cigarettes Packs Per Day (ha	alf pack = .5) S	Start Year	End Year	
☐ Cigars Cigars Per Day _	Start Year	End Year		
☐ If Other Tobacco Products, please specify (e.g., chewing tobacco):	Amount Per	Day Start	t Year End Y	ear
Have you ever been diagnosed with chron	nic obstructive pulmon	ary disease ("COPI)")?	
If yes, please attach all documents regar	rding such diagnosis an	d explain the nature	of the diagnosis:	
				
Information Regarding Chest X-Ray				
Please check the box next to the applicable	le location where your	chest x-ray was tak	en (check one):	
Mobile laboratory Job site	Union Hall Doctor	r office Hospital	Other:	
Address where chest x-ray taken:				
Information Regarding Chest X-Ray Rea	•			
Date of Reading:				
Name of Reader:			none Number:	
Reader's Mailing Address:Address		City	State/Province	Zip/Postal Code
With respect to your relationship to the re		•		
Was the reader paid for the services t				
If yes, please indicate who paid for	-			

Was the reader referred to you by counsel? Yes No Are you aware of any relationship between the reader and you	ur legal coursel?	Ves IINo	
	_		
If yes, please explain:			***************************************
Vas the reader certified by the National Institute for Occupatio	nal Safety and Hea	alth at the time of the	reading? Yes
If the reader is not a certified B-reader, please describe the re reading was made:		- • · ·	hod through which the
nformation Regarding Pulmonary Function Test:			
ate of Test:	Total Lu	ing Capacity (TLC):	% of predicted
ist your height in feet and inches when test given:	Forced V	Vital Capacity (FVC):	% of predicted
st your weight in pounds when test given:	FEV1/F	VC Ratio:% of p	redicted
ame of Doctor Performing Test (if applicable):	Doctor'	s Specialty:	
ame of Clinician Performing Test (if applicable):			
esting Doctor or Clinician's Mailing Address:			
Address	City	State/Province	Zip/Postal Code
esting Doctor or Clinician's Daytime Telephone Number:			
ame of Doctor Interpreting Test:		alty:	
terpreting Doctor's Mailing Address: Address	City	State/Province	Zip/Postal Code
terpreting Doctor's Daytime Telephone Number:	•		-
ith respect to your relationship to the doctor or clinician who			check all applicable b
If the test was performed by a doctor, was the doctor your per			
Was the testing doctor and/or clinician paid for the services the			
If yes, please indicate who paid for the services performed	•		
Did you retain counsel in order to receive any of the services			
Was the testing doctor or clinician referred to you by counsel	•		
Are you aware of any relationship between either the doctor of	_ _	legal counsel? Yes	□No
If yes, please explain:	-	_	
Vas the testing doctor certified as a pulmonologist or internist be ne pulmonary function test? Yes No	y the American Bo	oard of Internal Medi	cine at the time of
ith respect to your relationship to the doctor interpreting the	results of the pulme	onary function test ch	eck all applicable box
Was the doctor your personal physician? Tyes No			
Was the doctor paid for the services that he/she performed?] Yes 🗌 No		
If yes, please indicate who paid for the services performed	d:		
Did you retain counsel in order to receive any of the services	performed by the do	octor? Tyes No	
Was the doctor referred to you by counsel? ☐Yes ☐No			
Are you aware of any relationship between the doctor and you	ır legal counsel? 🗌	Yes No	
If yes, please explain:			

6. Information Regarding Pathology Rep				
Date of Pathology Report:				
Name of Doctor Issuing Report:			Specialty:	
Doctor's Mailing Address: Address			0	7: 70 1
		City	State/Province	Zip/Postal Code
Doctor's Daytime Telephone Number:				
With respect to your relationship to the	e doctor issuing the patholog	gy report, check all	applicable boxes:	
Was the doctor your personal physic	ician? 🗌 Yes 🗌 No			
Was the doctor paid for the service	s that he/she performed?	Yes No		
If yes, please indicate who paid	l for the services performed:_	······································		
Did you retain counsel in order to r	receive any of the services pe	rformed by the docto	or? 🗌 Yes 🔲 No	
Was the doctor referred to you by o	counsel? Yes No			
Are you aware of any relationship l	between the doctor and your	legal counsel? Ye	s 🗌 No	
If yes, please explain:				
Was the doctor certified as a pathologis	et by the American Board of	f Pathology at the ti	me of the diagnosis	?
. With respect to the condition alleged, l	have you received medical t	reatment from a do	ctor for the conditi	on? Yes No
If yes, please complete the following:				
Name of Treating Doctor:		Treating Doctor's	Specialty:	
Treating Doctor's Mailing Addre	ess:			
	Address	City		e Zip/Postal Code
Treating Doctor's Daytime Telep	hone number:	***************************************	<u> </u>	
Was the doctor paid for the servi	ces that he/she performed?	☐ Yes ☐ No		
If yes, please indicate who paid	l for the services performed:_			
Did you retain counsel in order to	o receive any of the services	performed by the	doctor? Yes 1	No

PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

- In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:
- A worker who personally removed or cut Grace asbestos-containing **@**

A worker who personally mixed Grace asbestos-containing products

(a)

(e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others

If other, please specify.

Ξ

(d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others

- products
- A worker who personally installed Grace asbestos-containing products

	n:	Owner:	Unions of which you were a member during your employment:
Site of Exposure:	Site Name:	Site Type: Residence Business Site C	Employer During Exposure: Unic

Nature of Exposure						
Westernosure due to votating in or around engers where product was deing installed, mixed, removed, or euch ilitar deine tadiente volgt regalar.						
Tránstry Code If Carte / (8), speolíbo						
Occupation Crate In Cours 39, spreif.						
्रभूप्रहास्य अस्त्रहास्य						
Bests for Itlentification Detes and Bray of Beth Grass Product of Bayosme (froms/day, day						
Profución	,					
	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 4 Description:	Job 5 Description:	Job 6 Description:

PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

1.	Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? Yes No
	If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.
2.	Please indicate the following information regarding the other injured person:
	Name of Other Injured Person:
	Gender: Male Female Last Four Digits of Social Security Number: Birth Date:
3.	What is your Relationship to Other Injured Person: Spouse Child Other
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
5.	Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: From: To:
6.	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
7.	Has the Other Injured Person filed a lawsuit related to his/her exposure?
	If yes, please provide caption, case number, file date, and court name for the lawsuit:
	Caption:
	Case Number: File Date:
	Court Name:
8.	Nature of Your Own Exposure to Grace Asbestos-Containing Product:
9.	Dates of Your Own Exposure to Grace Asbestos-Containing Product: From: To:
10	. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing
- A worker who personally installed Non-Grace asbestos-containing products છ

(d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by (f) If other, please specify.

Neture: वर्ग क्रियूक्डाफ्ट									
Wers exposure due to working in or around areas where product was being around areas where product was being installed, inixed, removed, or entral follows please tratecte your equity prostinity to such areas									
Tridissisy Crib If Code 1183									
Overpellon Indirsky Crie If Cours St. If Code III speelis									
Dates and Brancaney of Espesine (hours/deg, days/yen)									
Production									
	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 1 Description:	Job 2 Description:	Job 3 Description:
Party Against which Lawsuit or Claim was Filed:	Site of Exposure 1 Site Name:	Address: City and State:		Site of Exposure 2 Site Name:	Address:City and State:	סוני (אוופן-	Site of Exposure 3 Site Name:	Address:City and State:	

PART VI: EMPLOYMENT HISTORY

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

		Industry Code:	,,,,,,,	cify
Employer:		Beginning of Employment	End of Emp	loyment
ocation:				
	Address	City	State/Province	Zip/Postal Code
Occupation C	ode: If Code 59, specify	Industry Code:	If Code 118, spec	cify
Employer:		Beginning of Employment	End of Emp	loyment
Location:			G	7. 5. 10.1
	Address	City		Zip/Postal Code
		Industry Code:		
		Beginning of Employment	End of Emp	oloyment
Location:	Address	City	State/Province	Zip/Postal Code
Occupation C	ode: If Code 59, specify	Industry Code:	If Code 118, spec	eify
Employer:		Beginning of Employment	End of Emp	loyment
Location:				
a. <u>LITIGA</u> 1. Have you e	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit in	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes	OS AND/OR SILIC	
a. LITIGAT 1. Have you e If yes, pleas as Appendi 2. Please prov	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit is se complete the rest of this Part Vix G to this Questionnaire vide the caption, case number, fil	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y	No	A
a. LITIGAT 1. Have you e If yes, pleas as Appendi 2. Please prov Caption:	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit is se complete the rest of this Part Vix G to this Questionnaire vide the caption, case number, fil	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y	No ience, additional copie ou filed:	A
a. LITIGAT 1. Have you e If yes, please as Appendic 2. Please prov Caption: Case Number	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit in the secomplete the rest of this Part Vix G to this Questionnaire Evide the caption, case number, fileber:	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y File Date:	No ience, additional copie ou filed:	A
a. LITIGATA I. Have you e If yes, please as Appendia I. Please prove Caption: Case Number Court Name	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit is se complete the rest of this Part Vix G to this Questionnaire Evide the caption, case number, file ber:	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y File Date:	No ience, additional copie ou filed:	A
a. LITIGAT 1. Have you e If yes, please as Appendic 2. Please prov Caption: Case Numl Court Nam 3. Was Grace	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit in the se complete the rest of this Part Vix G to this Questionnaire Evide the caption, case number, filther: The caption in the lawsuit?	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y File Date: Yes No	No ience, additional copie ou filed:	A
a. LITIGAT 1. Have you e If yes, pleas as Appendi 2. Please prov Caption: Case Numl Court Nam 3. Was Grace 4. Was the lav	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit in the se complete the rest of this Part Vix G to this Questionnaire Evide the caption, case number, filther: Ever: Ever:	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y File Date: Yes No ndant? Yes No	No ience, additional copie ou filed:	A es of Part VII are atta
a. LITIGATA I. Have you e If yes, pleas as Appendia Caption: Case Number Court Name Was Grace Was the lay	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit in the se complete the rest of this Part Vix G to this Questionnaire Evide the caption, case number, filther: Ever: Ever:	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y File Date: Yes No	No ience, additional copie ou filed:	A es of Part VII are atta
a. LITIGAT 1. Have you e If yes, please as Appendit 2. Please prov. Caption: Case Numl Court Nam 3. Was Grace 4. Was the law If yes, please	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit in the se complete the rest of this Part Vix G to this Questionnaire Evide the caption, case number, filther: Ever: Ever:	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y File Date: Yes No Indant? Yes No Indepth of the lawsuit against each defendant:	No ience, additional copie ou filed:	A es of Part VII are atta
a. LITIGAT 1. Have you e If yes, please as Appendic 2. Please prove Caption: Case Number Court Nam 3. Was Grace 4. Was the lay	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit in the se complete the rest of this Part Vix G to this Questionnaire Evide the caption, case number, filther: Ever: Ever:	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y File Date: Yes No ndant? Yes No	No ience, additional copie ou filed:	A es of Part VII are a
a. LITIGAT 1. Have you e If yes, please as Appendix 2. Please prove Caption: Case Number Court Nam 3. Was Grace 4. Was the law If yes, please 5. Has a judge	Address PART VII: LITIGATION FION Ever been a plaintiff in a lawsuit in the se complete the rest of this Part Vix G to this Questionnaire Evide the caption, case number, fill there: Ever a defendant in the lawsuit?	City AND CLAIMS REGARDING ASBEST regarding asbestos or silica? Yes II(a) for each lawsuit. For your conveni e date, and court name for the lawsuit y File Date: Yes No Indant? Yes No Indepth of the lawsuit against each defendant:	No ience, additional copie ou filed:	A es of Part VII are atte

If yes and the settlement was reached on or after April 2, 2001, please indicate the following:

	a. Settlement amount for each defendant:									
ı	b. Applicable defendants:									
(c. Disease or condition alleged:									
(d. Disease or condition settled (if different than disease or c	ondition alleged	l):							
7. X	Were you deposed in this lawsuit? Yes No									
	If yes and Grace was not a party in the lawsuit, please attac	h a copy of you	r deposition to this Questio	onnaire.						
b.	<u>CLAIMS</u>									
thar	Have you ever asserted a claim regarding asbestos and/or siln a formal lawsuit in court)? Yes No If yes, please complete the rest of this Part VII(b). If no, pleate the claim was submitted:	ease skip to Pari		gainst an asbestos trust (othe						
3. P	Person or entity against whom the claim was submitted:									
	Description of claim:									
5. V	Was claim settled? Yes No	 · · · · · · · · · · · · · · · · · ·								
6. P	Please indicate settlement amount:	_								
7. V	Vas the claim dismissed or otherwise disallowed or not hono	ored? 🗌 Yes	☐ No							
Į	f yes, provide the basis for dismissal of the claim:									
_	PART VIII: CLAIMS BY DE	PENDENTS O	R RELATED PERSONS							
Nan	ne of Dependent or Related Person:		Gender: Male	Female						
Last	t Four Digits of Social Security Number:	Birth Date:	Financially Depe	ndent: 🗆 Yes 🗆 No						
Rela	ationship to Injured Party: Spouse Child Other	If other, plea	se specify							
Mai	ling Address:			·						
	Address	City	State/Province	Zip/Postal Code						
Day	time Telephone number:									

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you	are submitting with this form.
Copies:	
Medical records and/or report containing a diagnosis Lung function test results Lung function test interpretations Pathology reports Supporting documentation of exposure to Grace asbestos-containing products Supporting documentation of other asbestos exposure	 X-rays X-ray reports/interpretations CT scans CT scan reports/interpretations Depositions from lawsuits indicated in Part VII of this Questionnaire Death Certification
Originals:	
 Medical records and/or report containing a diagnosis Lung function test results Lung function test interpretations Pathology reports Supporting documentation of exposure to Grace asbestos-containing products 	 Supporting documentation of other asbestos exposure X-rays X-ray reports/interpretations CT scans CT scan reports/interpretations Death Certification
not a party and/or (b) any documents you have previously provide are seeking reimbursement and attach a receipt for such costs:	ting (a) copies of depositions you have given in lawsuits in which Grace was ad to Grace in prior litigation. Please indicate the documents for which you INFORMATION IS TRUE AND ACCURATE
	and truthful. This Questionnaire is an official court document that may be the penalty for presenting a fraudulent Questionnaire is a fine of up to 2. §§ 152 & 3571.
TO BE COMPLETED BY THE INJURED PERSON.	
I swear, <u>under penalty of perjury</u> , that, to the best of my knowle accurate and complete.	dge, all of the foregoing information contained in this Questionnaire is true,
Signature: Da	te:
Please Print Name:	
TO BE COMPLETED BY THE LEGAL REPRESENTATIVE	E OF THE INJURED PERSON.
I swear that, to the best of my knowledge, all of the information co	ontained in this Questionnaire is true, accurate and complete.
Signature:	Date:
Please Print Name:	

PART II: ASBESTOS-RELATED CONDITION(S)

1.

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

P	lease che	ck the box next to the condition being alleged:
		□ Asbestos-Related Lung Cancer □ Mesothelioma □ Asbestosis □ Other Cancer (cancer not related to lung cancer or mesothelioma) □ Other Asbestos Disease □ Clinically Severe Asbestosis
a.	Mesoth apply):	elioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that
		diagnosis from a pathologist certified by the American Board of Pathology
		diagnosis from a second pathologist certified by the American Board of Pathology
		diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
b.		os-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on owing (check all that apply):
		findings by a pathologist certified by the American Board of Pathology
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis determined by pathology
		evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		diffuse pleural thickening as defined in the International Labour Organization's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
c.	Othe	er Cancer:
	(i) If all	eging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:
		colon pharyngeal esophageal laryngeal stomach cancer other, please specify
	(ii) Were	e you diagnosed with the above-indicated cancer based on the following (check all that apply):
		findings by a pathologist certified by the American Board of Pathology

		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis determined by pathology
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
d.	Clini apply	cally Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that):
		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
		a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		asbestosis determined by pathology
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating total lung capacity less than 65% predicted
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
e.	Asbes	stosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
		a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
		a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
		asbestosis determined by pathology
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis

diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine diagnosis determined by pathology a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 200 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute of Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleum thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs as Pneumoconioses (2000) a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 200 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleur thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs as Pneumoconioses (2000) a chest x-ray reading other than those described above a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lun Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80 predicted a pulmonary function test other than that discussed above	f.		er Asbestos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, war diagnosis based on the following (check all that apply):
diagnosis determined by pathology a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 20 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute in Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleus thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs a Pneumoconioses (2000) a chest x-ray reading conducted in compliance with the standards set forth in the International Loudour Organization's 20 International Classification of Radiographs of Pneumoconioses set forth on the ILO grade scale, or (ii) diffuse pleus thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs as Pneumoconioses (2000) a chest x-ray reading orber than those described above a pulmonaty function test, conducted in accordance with the standards set forth in the American Thoracic Society's Loudour Pneumoconioses (2000) a chest x-ray reading orber than those described above a pulmonaty function test conducted in accordance with the standards set forth in the American Thoracic Society's Loudour Pneumoconioses (2000) a chest x-ray reading orber than those described above a pulmonaty function test other than that discussed above a pulmonary function test other than that discussed above a pulmonary function test other than that discussed above a pulmonary function test other than that discussed above a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition a CT Scan or similar testing a diagnosis other than those above a supporting medical diagnosis of the than those above Diagnosing Doctor's Name: Diagnosing Doctor's Name: Diagnosing Doctor Specialty: Diagnosing Doctor Spec		Ī	
International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute of Occupational Safety and Health, with one of the following: () at least 100 on the ILO grade seale, or (ii) diffuse pleus thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs of the Pneumoconioses (2000) a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 20 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute of Occupational Safety and Health, with one of the following: (i) at least 100 on the ILO grade seale, or (ii) diffuse pleus thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs as Pneumoconioses (2000) a chest x-ray reading other than those described above a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lun Function Testing: Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80 predicted a pulmonary function test other than that discussed above a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition a CT Scan os similar testing a diagnosis other than those above diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Name: Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Name: Diagnosing Doctor's Name: Diagnosing Doctor's Daytime Telephone Number: Diagnosing Doctor's Specialty:			
International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute of Occupational Safety and Health, with one of the following: (i) at least I/O on the ILO grade scale, or (ii) diffuse pleum thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) a chest x-ray eading other than those described above a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lum Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVIFVC ratio greater than equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80 predicted or (b) forced vital capacity less than 80 predicted a pulmonary function test other than that discussed above a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition a CT Scan or similar testing a diagnosis other than those above other (please specify): Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Zip/Postal Code Diagnosing Doctor's Daytime Telephone Number: Diagnosi			a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleura thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lux Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVIFVC ratio greater than equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80 predicted a pulmonary function test other than that discussed above a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition a CT Scan or similar testing a diagnosis other than those above other (please specify): 2. Information Regarding Diagnosis Date of Diagnosing Doctor's Name: Diagnosing Doctor's Name: Diagnosing Doctor's Mailing Address: Address City State/Province Zip/Postal Code Diagnosing Doctor's Daytime Telephone Number: With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? yes No Was the diagnosing doctor your personal physician? yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pulmonologist by the American Board of Pathology at the time of the diagnosis? Yes No			a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2006 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a TEVUF-VC ratio greater than equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80 predicted a pulmonary function test other than that discussed above a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containin products had a substantial causal role in the development of the condition a CT Scan or similar testing a diagnosis other than those above other (please specify): Diagnosing Doctor's Pagnosis: Diagnosing Doctor's Name: Diagnosing Doctor's Name: Diagnosing Doctor's Mailing Address: Address City State/Province Zip/Postal Code Diagnosing Doctor's Daytime Telephone Number: With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? Yes No Was the diagnosing doctor paid for the diagnosic services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pulmonologist by the American Board of Pathology at the time of the diagnosis? Yes No			a chest x-ray reading other than those described above
a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition a CT Scan or similar testing a diagnosis other than those above other (please specify): 2. Information Regarding Diagnosis Date of Diagnosis: Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Mailing Address: Address City State/Province Zip/Postal Code Diagnosing Doctor's Daytime Telephone Number: With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? \[\rac{1}{2} \text{ sp. No} \] Was the diagnosing doctor paid for the diagnostic services that he/she performed? \[\rac{1}{2} \text{ sp. No} \] Was the diagnosing doctor referred to you by counsel? \[\rac{1}{2} \text{ sp. No} \] Are you aware of any relationship between the diagnosing doctor and your legal counsel? \[\rac{1}{2} \text{ sp. No} \] Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? \[\rac{1}{2} \text{ sp. No} \]			a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than o equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
products had a substantial causal role in the development of the condition a CT Scan or similar testing a diagnosis other than those above other (please specify): 2. Information Regarding Diagnosis Date of Diagnosis: Diagnosing Doctor's Name: Diagnosing Doctor's Name: Diagnosing Doctor's Mailing Address: Address City State/Province Zip/Postal Code Diagnosing Doctor's Daytime Telephone Number: With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? Yes No Was the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No			a pulmonary function test other than that discussed above
a diagnosis other than those above other (please specify): Information Regarding Diagnosis Date of Diagnosis: Diagnosing Doctor's Name: Diagnosing Doctor's Name: Diagnosing Doctor's Mailing Address: Address City State/Province Zip/Postal Code Diagnosing Doctor's Daytime Telephone Number: With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? Yes No Was the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No			a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
other (please specify): Diagnosis Date of Diagnosis: Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Mailing Address: Address City State/Province Zip/Postal Code			a CT Scan or similar testing
Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Name: Diagnosing Doctor's Specialty: Diagnosing Doctor's Mailing Address: Address City State/Province Zip/Postal Code Diagnosing Doctor's Daytime Telephone Number: With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? Yes No Was the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No If yes, please indicate who paid for the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No			a diagnosis other than those above
Diagnosing Doctor's Name: Diagnosing Doctor's Name: Diagnosing Doctor's Mailing Address: Address City State/Province Zip/Postal Code Diagnosing Doctor's Daytime Telephone Number: With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? Yes No Was the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No			other (please specify):
Diagnosing Doctor's Name:	2. Infor	matio	n Regarding Diagnosis
Diagnosing Doctor's Mailing Address: Address City State/Province Zip/Postal Code	Date	of Dia	ignosis:
Address City State/Province Zip/Postal Code Diagnosing Doctor's Daytime Telephone Number: With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? Yes No Was the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No	Diag	nosing	Doctor's Name: Diagnosing Doctor's Specialty:
Diagnosing Doctor's Daytime Telephone Number: With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? Yes No Was the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No	Diag	nosing	
With respect to your relationship to the diagnosing doctor, check all applicable boxes: Was the diagnosing doctor your personal physician? Yes No Was the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No			Zipi ouii code
Was the diagnosing doctor your personal physician? Yes No Was the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No	Diag	nosing	Doctor's Daytime Telephone Number:
Was the diagnosing doctor paid for the diagnostic services that he/she performed? \[Yes \] No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? \[Yes \] No Was the diagnosing doctor referred to you by counsel? \[Yes \] No Are you aware of any relationship between the diagnosing doctor and your legal counsel? \[Yes \] No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? \[Yes \] No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? \[Yes \] No	With	respe	ct to your relationship to the diagnosing doctor, check all applicable boxes:
If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No		Was	the diagnosing doctor your personal physician? Yes No
Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No		Was	the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No
Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No Was the diagnosing doctor referred to you by counsel? Yes No Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No		Ij	f yes, please indicate who paid for the services performed:
Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No If yes, please explain: Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No			·
Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No		Was	the diagnosing doctor referred to you by counsel? Yes No
Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No		Are y	ou aware of any relationship between the diagnosing doctor and your legal counsel? Tes No
Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No		If	f yes, please explain:
the diagnosis? Yes No Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No			
	Was t	the dia iagnos	agnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of is? Yes No
Was the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? \(\textstyre \) Yes \(\textstyre \) No	Was	the dia	ignosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Tyes No
	Wast	the dia	agnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? Tyes No

Do you currently use tobacco products?	Yes ∐ No	Have you ever used	tobacco products? 🔲 `	Yes 🗌 No
If answer to either question is yes, please inc dates and frequency with which such produ			used any of the followin	ng tobacco products an
☐ Cigarettes Packs Per Day (half pa	ick = .5)	Start Year	End Year	
Cigars Cigars Per Day	Start Year	End Year _		
☐ If Other Tobacco Products, please specify (e.g., chewing tobacco):	Amoun	t Per Day St	art Year End	Year
Have you ever been diagnosed with chronic ob	structive pul	lmonary disease ("CO	PD")?	
If yes, please attach all documents regarding	such diagnos	sis and explain the nat	ure of the diagnosis:	
Information Regarding Chest X-Ray				
Please check the box next to the applicable loc	ation where y	your chest x-ray was t	aken (check one):	
☐ Mobile laboratory ☐ Job site ☐ Uni	ion Hall 🔲 D	octor office Hospit	al Other:	
Address where chest x-ray taken:				
Information Regarding Chest X-Ray Reading				
Date of Reading: ILO s	core:			
Name of Reader:		Reader's Daytime Tel	lephone Number:	
Address		City	State/Province	Zip/Postal Code
With respect to your relationship to the reader	r, check all ap	pplicable boxes:		
Was the reader paid for the services that h	e/she perform	ed? 🗌 Yes 🔲 No		
If yes, please indicate who paid for the	: services perf	ormed:		
Did you retain counsel in order to receive	any of the serv	vices performed by the	reader? Yes No	
Was the reader referred to you by counsel?	? Tyes N	Мо		
Are you aware of any relationship between	n the reader an	nd your legal counsel?[∐Yes ∐No	
If yes, please explain:				
-				
Was the reader certified by the National Instit				
If the reader is not a certified B-reader, ple reading was made:				
Information Regarding Pulmonary Function				
Date of Test:			Lung Capacity (TLC):	% of predicted
List your height in feet and inches when test gi			Vital Capacity (FVC):	% of predicted
List your weight in pounds when test given:		FEV1/	FVC Ratio:% of p	redicted
Name of Doctor Performing Test (if applicable	:):	Docto	r's Specialty:	
Name of Clinician Performing Test (if applicat	ole):		_	
Testing Doctor or Clinician's Mailing Address			G	
Posting Doubles on Cit 1st 1s Double Cit 1st	Address	City	State/Province	Zip/Postal Code
Testing Doctor or Clinician's Daytime Telepho				
Name of Doctor Interpreting Test:		_	-	
Interpreting Doctor's Mailing Address:	Address	City	State/Province	Zin/Postal Code

mier preu	ting Doctor's Daytime Telep	mone Number.			
With resp	pect to your relationship to	the doctor or clinician	who performed the pu	lmonary function test	check all applicable boxe
If th	the test was performed by a do	octor, was the doctor yo	our personal physician?	∐Yes ∐No	
Wa	as the testing doctor and/or cli	inician paid for the serv	vices that he/she performe	ed? 🗌 Yes 🔲 No	
	If yes, please indicate who p	aid for the services per	formed:		
Did	d you retain counsel in order t	to receive any of the ser	rvices performed by the t	esting doctor or clinicia	an? Yes No
Was	as the testing doctor or clinicia	an referred to you by co	ounsel? Yes No		
Are	e you aware of any relationsh	ip between either the do	octor or clinician and you	ar legal counsel? Yes	s ∐No
	If yes, please explain:				
Was the to	testing doctor certified as a ponary function test?	pulmonologist or inter	rnist by the American B	oard of Internal Med	icine at the time of
With resp	pect to your relationship to t	the doctor interpreting	g the results of the pulm	nonary function test cl	heck all applicable boxes:
Was	as the doctor your personal ph	ysician? Yes No		-	
Was	as the doctor paid for the servi	ices that he/she perform	ned? Yes No		
	If yes, please indicate who pe	aid for the services per	formed:		
	d you retain counsel in order t			octor? Yes No	
Did		to receive any of the ser	vices performed by the d	octor? Yes No	
Did Was	d you retain counsel in order t	o receive any of the ser	rvices performed by the d		
Did Was Are	d you retain counsel in order to state to you be	to receive any of the ser by counsel? Yes N ip between the doctor a	vices performed by the do]Yes □No	
Did Was Are Was the do Internal M Informati Date of Pa	d you retain counsel in order to stee the doctor referred to you be you aware of any relationship of the yes, please explain:	o receive any of the ser by counsel? Yes N ip between the doctor a nonary function test re tresults were reviewed leports: Findings:	rvices performed by the door ond your legal counsel? esults certified as a pulneral? Yes No]Yes □No nonologist or internist	by the American Board
Did Was Are Was the de Internal M Informati Date of Pa Name of D	d you retain counsel in order to sthe doctor referred to you be you aware of any relationship of the you, please explain:	o receive any of the ser y counsel? Yes N ip between the doctor a nonary function test re t results were reviewed teports: Findings:	rvices performed by the door ond your legal counsel? esults certified as a pulned? Yes No Doctor	Yes No nonologist or internist	by the American Board
Did Was Are Was the de Internal M Informati Date of Pa Name of D	d you retain counsel in order to sthe doctor referred to you be you aware of any relationship of the you, please explain:	o receive any of the ser y counsel? Yes N ip between the doctor a nonary function test re t results were reviewed teports: Findings:	rvices performed by the door ond your legal counsel? esults certified as a pulned? Yes No Doctor	Yes No nonologist or internist r's Specialty:	by the American Board
Did Was Are Was the de Internal M Informati Date of Pa Name of D Doctor's M	d you retain counsel in order to stee doctor referred to you be you aware of any relationship of the you, please explain:	o receive any of the ser y counsel? Yes N ip between the doctor a nonary function test re t results were reviewed teports: Findings:	rvices performed by the door ond your legal counsel? esults certified as a pulmant? Poctor	Yes No nonologist or internist	by the American Board
Did Was Are Was the do Internal M Informati Date of Pa Name of D Doctor's M	d you retain counsel in order to stee the doctor referred to you be you aware of any relationship of the yes, please explain: doctor interpreting the pulm Medicine at the time the test tion Regarding Pathology Report: Doctor Issuing Report: Mailing Address: Address:	no receive any of the servy counsel? Yes N ip between the doctor a nonary function test received results were reviewed teports: Findings:	esults certified as a pulned? Doctor	Yes No nonologist or internist r's Specialty: State/Province	by the American Board
Did Was Are Was the de Internal M Informati Date of Pa Name of D Doctor's M Doctor's D	d you retain counsel in order to stee the doctor referred to you be you aware of any relationship of the you, please explain: doctor interpreting the pulm Medicine at the time the test tion Regarding Pathology Report: Doctor Issuing Report: Mailing Address: Address: Address: Daytime Telephone Number sect to your relationship to the steet to your relationship to the steet to your property of the steet to your relationship to the steet to your years year	nonary function test results were reviewed teports: Findings: dress che doctor issuing the period country function test results were reviewed teports:	esults certified as a puln Poctor City pathology report, check	Yes No nonologist or internist r's Specialty: State/Province	by the American Board
Did Was Are Was the de Internal M Informati Date of Pa Name of D Doctor's M Doctor's D With respe	d you retain counsel in order to stee the doctor referred to you be you aware of any relationship of the you aware of any relationship of the you aware of any relationship of the you aware of any relationship to the you aware of any relationship to the stee the doctor interpreting the pulm of the your relationship to the stee the doctor your personal physical points and the doctor your personal physical points and the doctor your personal physical points and the your relationship to the stee the doctor your personal physical points and the your personal physical points are provided in the your personal physical points and the your personal physical points are provided in the your personal physical points and the your personal physical points are provided in the your personal physical ph	o receive any of the ser y counsel? Yes N ip between the doctor a nonary function test re t results were reviewed teports: Findings: dress r: the doctor issuing the p ysician? Yes No	esults certified as a pulning Poctor City pathology report, check	Yes No nonologist or internist r's Specialty: State/Province	by the American Board
Did Was Are Was the de Internal M Informati Date of Pa Name of D Doctor's M Doctor's D With respe	d you retain counsel in order to stee the doctor referred to you be you aware of any relationship of the you aware of any relationship to the stee of the your personal physical points and the doctor paid for the services the doctor paid for the ser	to receive any of the servy counsel? Yes No	esults certified as a pulned? Yes No City Pathology report, check	Yes No nonologist or internist r's Specialty: State/Province all applicable boxes:	z by the American Board
Did Was Are Was the de Internal M Informati Date of Pa Name of D Doctor's M Doctor's M With respectives Was	d you retain counsel in order to stee the doctor referred to you be you aware of any relationship of the you aware of any relationship to the your personal physical properties of the doctor paid for the service of the your personal physical properties of the doctor paid for the service of the your personal physical properties of the doctor paid for the service of the your personal physical properties of the doctor paid for the service of the your personal physical properties of the doctor paid for the service of the your personal physical physical properties of the your personal physical properties of the your personal physical ph	to receive any of the services performated for the services performation test results were reviewed to the services performated for the services performation for the services performance in the service in the services performance in the s	rvices performed by the door ond your legal counsel? results certified as a pulmant? Yes No City pathology report, check med? Yes No formed:	Yes No nonologist or internist r's Specialty: State/Province all applicable boxes:	z by the American Board
Did Was Are Was the de Internal M Informati Date of Pa Name of D Doctor's M With respectives Was Did	d you retain counsel in order to stee the doctor referred to you be you aware of any relationship. If yes, please explain: Cloctor interpreting the pulm Medicine at the time the test tion Regarding Pathology Report: Cloctor Issuing Report: Address: Address: Address: Address the doctor your personal physis the doctor paid for the service of your retain counsel in order to the stee of the service of your retain counsel in order to the service of your retain counsel in order to the service of your retain counsel in order to the service of your retain counsel in order to the service of your retain counsel in order to the service of your retain counsel in order to the service of your retain counsel in order to the service of your retain counsel in order to the service of your retain counsel in order to the service of your retain counsel in order to the service of the your retain counsel in order to the service of the your retain counsel in order to the your retain your retain counsel in order to the your retain your reta	to receive any of the services performed for the services performed for the services performed for the services any of the services performed for the servic	rvices performed by the door ond your legal counsel? results certified as a pulmate. No Poctor City pathology report, check led? Yes No formed: vices performed by the do	Yes No nonologist or internist r's Specialty: State/Province all applicable boxes:	z by the American Board
Did Was Are Was the de Internal M Informati Date of Pa Name of D Doctor's M With respective Was Did Was	d you retain counsel in order to stee the doctor referred to you be you aware of any relationship of the you aware of any relationship to the your personal physical properties of the doctor paid for the service of the your personal physical properties of the doctor paid for the service of the your personal physical properties of the doctor paid for the service of the your personal physical properties of the doctor paid for the service of the your personal physical properties of the doctor paid for the service of the your personal physical physical properties of the your personal physical properties of the your personal physical ph	to receive any of the services performed for the	rvices performed by the door ond your legal counsel? results certified as a pulmate. Poctor City pathology report, check red? Yes No formed: No	Yes No nonologist or internist r's Specialty: State/Province all applicable boxes:	z by the American Board

Name of Treating Doctor:	Treating Doctor's Spe	ecialty:	
Treating Doctor's Mailing Address:			
Addres	s City	State/Province	Zip/Postal Code
Treating Doctor's Daytime Telephone number:			
Was the doctor paid for the services that he/she p	erformed? Yes No		
If yes, please indicate who paid for the services i	performed:		

PART II: ASBESTOS-RELATED CONDITION(S)

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

P	lease chec	ck the box next to the condition being all	eged:
		☐ Asbestos-Related Lung Cancer ☐ Asbestosis ☐ Other Asbestos Disease	☐ Mesothelioma ☐ Other Cancer (cancer not related to lung cancer or mesothelioma) ☐ Clinically Severe Asbestosis
a.	Mesother apply):	elioma: If alleging Mesothelioma, were y	ou diagnosed with malignant mesothelioma based on the following (check all that
		diagnosis from a pathologist certified by	the American Board of Pathology
		diagnosis from a second pathologist certi	fied by the American Board of Pathology
		diagnosis and documentation supporting the development of the condition	exposure to Grace asbestos-containing products having a substantial causal role in
b.	Asbesto the follo	os-Related Lung Cancer: If alleging Asbowing (check all that apply):	estos-Related Lung Cancer, were you diagnosed with primary lung cancer based on
		findings by a pathologist certified by the	American Board of Pathology
		the standards set forth in the Internation	-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with onal Labour Organization's 2000 International Classification of Radiographs of artified by the National Institute for Occupational Safety and Health
		the standards set forth in the Internation	-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with onal Labour Organization's 2000 International Classification of Radiographs of eader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis determined by path	nology
		conducted in compliance with the star	nt disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) indards set forth in the International Labour Organization's 2000 International occupations and (b) by a B-reader certified by the National Institute for Occupational
		conducted in compliance with the star	nt disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) adards set forth in the International Labour Organization's 2000 International moconioses and (b) by a second B-reader certified by the National Institute for
		diffuse pleural thickening as defined in International Classification of Radiograp	n the International Labour Organization's Guidelines for the Use of the ILO hs and Pneumoconioses (2000)
		a supporting medical diagnosis and su products had a substantial causal role in the	pporting documentation establishing that exposure to Grace asbestos-containing ne development of the lung cancer
c.	Othe	er Cancer:	
	(i) If all	eging Other Cancer, please mark the box(es	e) next to the applicable primary cancer(s) being alleged:
	c	olon pharyngeal esophageal	laryngeal stomach cancer other, please specify
	(ii) Were	e you diagnosed with the above-indicated ca	ancer based on the following (check all that apply):
		findings by a pathologist certified by the	American Board of Pathology
		the standards set forth in the Internation	ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with onal Labour Organization's 2000 International Classification of Radiographs of tified by the National Institute for Occupational Safety and Health

		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis determined by pathology
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
d.	Clini apply	ically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that //):
		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
		a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		asbestosis determined by pathology
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating total lung capacity less than 65% predicted
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's <i>Lung Function Testing; Selection of Reference Values and Interpretive Strategies</i> , demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
e.	Asbe	stosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
		a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
		a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
		asbestosis determined by pathology
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing

e.

f.		her Asbestos Disease: If alleging any asbes or diagnosis based on the following (check al		es, medical diagr	oses, and/or condition	s other than those above, was
		diagnosis of a pulmonologist or internist	certified by the A	merican Board	of Internal Medicine	
		diagnosis determined by pathology				
		a chest x-ray reading conducted in com <i>International Classification of Radiogo</i> Occupational Safety and Health, with o thickening as defined in the ILO's <i>Gu Pneumoconioses</i> (2000)	raphs of Pneum ne of the follow	oconioses by a ing: (i) at least	B-reader certified by 1/0 on the ILO grade	the National Institute for scale, or (ii) diffuse pleural
		a chest x-ray reading conducted in com- International Classification of Radiogram Occupational Safety and Health, with o thickening as defined in the ILO's Gu Pneumoconioses (2000)	phs of Pneumoco ne of the follow	onioses by a secting: (i) at least	ond B-reader certified 1/0 on the ILO grade	by the National Institute for scale, or (ii) diffuse pleural
		a chest x-ray reading other than those de-	scribed above			
		a pulmonary function test, conducted in <i>Function Testing; Selection of Reference</i> equal to 65% predicted with either (a) to predicted	Values and Inter	rpretive Strategie	s, demonstrating a FE	VI/FVC ratio greater than or
		a pulmonary function test other than that	discussed above			
		a supporting medical diagnosis and su products had a substantial causal role in the			hing that exposure to	Grace asbestos-containing
		a CT Scan or similar testing				
		a diagnosis other than those above				
		other (please specify):				
2. Info	ormatio	on Regarding Diagnosis				
Dat	te of Dia	agnosis:				
Dia	gnosing	g Doctor's Name:		Diagnosing Doc	tor's Specialty:	
Dia	gnosing	g Doctor's Mailing Address:				
		Address		City	State/Province	Zip/Postal Code
Dia	gnosing	g Doctor's Daytime Telephone Number:		· ·	_	
Wit	th respe	ect to your relationship to the diagnosing	doctor, check all	applicable box	es:	
	Was	s the diagnosing doctor your personal physic	ian? 🗌 Yes 🔲 N	No		
	Was	s the diagnosing doctor paid for the diagnosti	c services that he	e/she performed?	Yes No	
	If	If yes, please indicate who paid for the servi	ces performed:	-	<u> </u>	
		you retain counsel in order to receive any of				
		s the diagnosing doctor referred to you by co	-	•		
		you aware of any relationship between the d			ounsel? TYes No	
		lf yes, please explain:		•		
	-				-	
Wa the	s the dia diagnos	iagnosing doctor certified as a pulmonolog sis? Yes No	gist or internist l	y the Americar	Board of Internal M	edicine at the time of
Was	s the dia	iagnosing doctor certified as a pathologist	by the America	n Board of Path	ology at the time of t	he diagnosis? Tyes No
		iagnosing doctor provided with your comp				
		agnosing doctor perform a physical exami			- V R	J

Do you currently use tobacco products? Yes No Ha	ve you ever used tobacco products? 🔲	Yes No	
If answer to either question is yes, please indicate whether you dates and frequency with which such products were used:	ou have regularly used any of the follow	ing tobacco products a	
Cigarettes Packs Per Day (half pack = .5)	Start Year End Year	-	
Cigars Cigars Per Day Start Year	End Year		
☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): Amount Per	r Day Start Year Enc	d Year	
Have you ever been diagnosed with chronic obstructive pulmon	nary disease ("COPD")? 🔲 Yes 🔲 N	0	
If yes, please attach all documents regarding such diagnosis an	nd explain the nature of the diagnosis:		
Information Regarding Chest X-Ray			
Please check the box next to the applicable location where your	chest x-ray was taken (check one):		
☐ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Docto			
Address where chest x-ray taken:	<u> </u>		
Information Regarding Chest X-Ray Reading			
Date of Reading: ILO score:	alan da mara se e		
Name of Reader: Read			
Reader's Mailing Address: Address	City State/Province	Zip/Postal Code	
With respect to your relationship to the reader, check all applic	•	Zipii ostai codo	
Was the reader paid for the services that he/she performed?			
If yes, please indicate who paid for the services performe			
Did you retain counsel in order to receive any of the services			
Was the reader referred to you by counsel? Yes No	, , , , , , , , , , , , , , , , , , , ,		
Are you aware of any relationship between the reader and yo	our legal counsel? Tyes TNo		
If yes, please explain:			
Was the reader certified by the National Institute for Occupation	onal Safety and Health at the time of the	reading? 🗌 Yes 🗌	
If the reader is not a certified B-reader, please describe the re reading was made:	eader's occupation, specialty, and the me	ethod through which the	
Information Regarding Pulmonary Function Test:			
Date of Test:	Total Lung Capacity (TLC):	% of predicted	
List your height in feet and inches when test given:	Forced Vital Capacity (FVC)	:% of predicted	
List your weight in pounds when test given:	FEV1/FVC Ratio:% of predicted		
Name of Doctor Performing Test (if applicable):			
Name of Clinician Performing Test (if applicable):			
Testing Doctor or Clinician's Mailing Address:			
Address	City State/Province	Zip/Postal Code	
Testing Doctor or Clinician's Daytime Telephone Number:			
Name of Doctor Interpreting Test:	Doctor's Specialty:		
Interpreting Doctor's Mailing Address: Address	City State/Province	Zin/Postal Code	

With respect to your relationship to the doctor	or clinician who performed the pulmonary function test check all applicable bo
If the test was performed by a doctor, was the	he doctor your personal physician? Yes No
Was the testing doctor and/or clinician paid	for the services that he/she performed? \(\subseteq \text{Yes} \subseteq \text{No} \)
If yes, please indicate who paid for the	services performed:
Did you retain counsel in order to receive a	ny of the services performed by the testing doctor or clinician? Yes No
Was the testing doctor or clinician referred	to you by counsel? Yes No
Are you aware of any relationship between	either the doctor or clinician and your legal counsel? Tyes No
If yes, please explain:	
Was the testing doctor certified as a pulmonolog the pulmonary function test? Yes No	gist or internist by the American Board of Internal Medicine at the time of
With respect to your relationship to the doctor i	interpreting the results of the pulmonary function test check all applicable box
Was the doctor your personal physician?	Yes No
Was the doctor paid for the services that he/	she performed? Yes No
If yes, please indicate who paid for the s	services performed:
Did you retain counsel in order to receive as	ny of the services performed by the doctor? Yes No
Was the doctor referred to you by counsel?	□Yes □No
,	
·	the doctor and your legal counsel? Yes No
Are you aware of any relationship between a lift yes, please explain:	the doctor and your legal counsel? Yes No
Are you aware of any relationship between the second secon	the doctor and your legal counsel? Yes No ction test results certified as a pulmonologist or internist by the American Boar
Are you aware of any relationship between the second secon	the doctor and your legal counsel? Yes No ction test results certified as a pulmonologist or internist by the American Boar re reviewed? Yes No
Are you aware of any relationship between the state of the pulmonary function of the pulmonary function of the pulmonary function of Pathology Report: Name of Doctor Issuing Report: Doctor's Mailing Address:	the doctor and your legal counsel? Yes No ction test results certified as a pulmonologist or internist by the American Boar re reviewed? Yes No Findings: Doctor's Specialty:
Are you aware of any relationship between the second secon	the doctor and your legal counsel? Yes No ction test results certified as a pulmonologist or internist by the American Boar re reviewed? Yes No Findings: Doctor's Specialty: City State/Province Zip/Postal Code
Are you aware of any relationship between the second secon	the doctor and your legal counsel? Yes No ction test results certified as a pulmonologist or internist by the American Boars re reviewed? Yes No Findings: Doctor's Specialty: City State/Province Zip/Postal Code
Are you aware of any relationship between the state of the pulmonary function of Pathology Reports: Date of Pathology Report: Name of Doctor Issuing Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor in the pulmonary function of the pulmonary functio	the doctor and your legal counsel? Yes No ction test results certified as a pulmonologist or internist by the American Boars re reviewed? Yes No Findings: Doctor's Specialty: City State/Province Zip/Postal Code ssuing the pathology report, check all applicable boxes:
Are you aware of any relationship between the state of the pulmonary fundamental Medicine at the time the test results we Information Regarding Pathology Reports: Date of Pathology Report: Name of Doctor Issuing Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor in Was the doctor your personal physician?	the doctor and your legal counsel? Yes No ction test results certified as a pulmonologist or internist by the American Boars re reviewed? Yes No Findings: City State/Province Zip/Postal Code ssuing the pathology report, check all applicable boxes: Yes No
Are you aware of any relationship between the services of the pulmonary functional Medicine at the time the test results we Information Regarding Pathology Reports: Date of Pathology Report: Name of Doctor Issuing Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor in Was the doctor your personal physician? Was the doctor paid for the services that he/	the doctor and your legal counsel? \[Yes \] No ction test results certified as a pulmonologist or internist by the American Boar re reviewed? \[Yes \] No Findings: \[Doctor's Specialty: \] City State/Province Zip/Postal Code ssuing the pathology report, check all applicable boxes: Yes \[No \] No she performed? \[Yes \] No
Are you aware of any relationship between the services that he/ If yes, please explain: Was the doctor interpreting the pulmonary functional Medicine at the time the test results we Information Regarding Pathology Reports: Date of Pathology Report: Name of Doctor Issuing Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor in the was the doctor your personal physician? Was the doctor paid for the services that he/ If yes, please indicate who paid for the services.	the doctor and your legal counsel? Yes No ction test results certified as a pulmonologist or internist by the American Boarder reviewed? Yes No Findings:
Are you aware of any relationship between the state of the pulmonary function of the first the test results we show that the time the test results we show the doctor interpreting the pulmonary function of the first the time the test results we show the formation of the first	the doctor and your legal counsel? \[Yes \] No ction test results certified as a pulmonologist or internist by the American Boar re reviewed? \[Yes \] No Findings: \[Doctor's Specialty: \] City State/Province Zip/Postal Code cssuing the pathology report, check all applicable boxes: Yes \[No \] No she performed? \[Yes \] No ervices performed: \[No \] The pathology report is the doctor? \[Yes \] No
Are you aware of any relationship between the state of the pulmonary fund. Was the doctor interpreting the pulmonary fund. Internal Medicine at the time the test results we Information Regarding Pathology Reports: Date of Pathology Report: Name of Doctor Issuing Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor in Was the doctor your personal physician? Was the doctor paid for the services that hele If yes, please indicate who paid for the services are Was the doctor referred to you by counsel?	the doctor and your legal counsel? \[Yes \] No ction test results certified as a pulmonologist or internist by the American Boar re reviewed? \[Yes \] No Findings: \[Doctor's Specialty: \] City State/Province Zip/Postal Code issuing the pathology report, check all applicable boxes: Yes \[No \] No she performed? \[Yes \] No rervices performed: \[No \] Yes \[No \] Yes \[No \] Yes \[No \]
Are you aware of any relationship between the left yes, please explain: Was the doctor interpreting the pulmonary functional Medicine at the time the test results we Information Regarding Pathology Reports: Date of Pathology Report: Name of Doctor Issuing Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor in Was the doctor your personal physician? Was the doctor paid for the services that hele If yes, please indicate who paid for the services are Was the doctor referred to you by counsel? Are you aware of any relationship between the services in the services and was the doctor referred to you by counsel?	the doctor and your legal counsel? \[Yes \] No ction test results certified as a pulmonologist or internist by the American Boar re reviewed? \[Yes \] No Findings: \[Doctor's Specialty: \] City State/Province Zip/Postal Code cssuing the pathology report, check all applicable boxes: Yes \[No \] No she performed? \[Yes \] No she performed: \[No \] The province of the services performed by the doctor? \[Yes \] No

Name of Treating Doctor:	Treating Doctor's Spe	cialty:	
Treating Doctor's Mailing Address:			
Address	City	State/Province	Zip/Postal Code
Treating Doctor's Daytime Telephone number:			
Was the doctor paid for the services that he/she per	formed? Yes No		
If yes, please indicate who paid for the services pe	formed:		

PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others (a) A worker who personally mixed Grace asbestos-containing products
- A worker who personally removed or cut Grace asbestos-containing **@**

(e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others

(f) If other, please specify.

- products
- A worker who personally installed Grace asbestos-containing products છ

Site Name:

Nature of Daposure						
West exposure the to worlsing in or from these where product was being inspilled, mixed, removed, or onfo fives, please indicate ways regular presently to such areas						
Tridussoy Gotle If Coda 11183, speedfio						
Oxemention Code iff Cente 59, specific						
Bates and Brequience, all Espositios (hourszárz, (r. 1878/gem)						
Tank for Identification of Bach Grave Product						
Product(s)						
	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 4 Description:	Job 5 Description:	Job 6 Description:

PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

race asbestos-containing products
Ō
mixed
>
personal]
er who p
worker
V
(a)

- A worker who personally removed or cut Grace asbestos-containing **@**
- A worker who personally installed Grace asbestos-containing products છ
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others

(e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others

If other, please specify.

€

				Namice of thyroxure					
			loyment:	Was exposuredus to varking in or enound eress where product was being inselled, mixed, temored, or onf? If was please hullone your regular producty to such creas					
			r during your emp	Industry Cotte If Code ins, specific					
			ou were a membe	Oxeuparton Crate if Crate 19, greeifs.	A Commence of the Commence of				
	Location:	Site Owner:	Unions of which you were a member during your employment:	Detes and Brequeity, of Esposine (hours/Gry, (Eystyeer))					
		Business		Bests for identification of Pagin Grave Product					
	**	Site Type: Residence Business	Employer During Exposure:	Production					
Site of Exposure:	Site Name:_	Site Type:	Employer		Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 4 Description:	Job 5 Description:

Job 6 Description:

PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

1.	Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? Yes No
	If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.
2.	Please indicate the following information regarding the other injured person:
	Name of Other Injured Person:
	Gender: Male Female Last Four Digits of Social Security Number: Birth Date:
3.	What is your Relationship to Other Injured Person: Spouse Child Other
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:
5.	Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: From: To:
6.	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
7.	Has the Other Injured Person filed a lawsuit related to his/her exposure? Yes No
	If yes, please provide caption, case number, file date, and court name for the lawsuit:
	Caption:
	Case Number: File Date:
	Court Name:
8.	Nature of Your Own Exposure to Grace Asbestos-Containing Product:
9.	Dates of Your Own Exposure to Grace Asbestos-Containing Product: From: To:
10	. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

1.	Are you asserting an injury caused by exposure to Grace asbestos-containing products throu injured person? Yes No	gh contact/proximity with another
	If yes, complete questions 2 through 10 of this section for each injured person through which ye containing products. For your convenience, additional copies of Part IV are attached as Appendicular to the containing products.	ou allege exposure to Grace asbestos- dix E to this Questionnaire.
2.	Please indicate the following information regarding the other injured person:	
	Name of Other Injured Person:	
	Gender: Male Female Last Four Digits of Social Security Number: B	irth Date:
3.	What is your Relationship to Other Injured Person: Spouse Child Other	
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:	
5.	Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: From: _	To:
6.	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Pro	oduct:
7.	Has the Other Injured Person filed a lawsuit related to his/her exposure?	
	If yes, please provide caption, case number, file date, and court name for the lawsuit:	
	Caption:	
	Case Number: File Date:	
	Court Name:	
8.	Nature of Your Own Exposure to Grace Asbestos-Containing Product:	
9.	Dates of Your Own Exposure to Grace Asbestos-Containing Product: From:	To:
10	. Your Basis for Identification of Asbestos-Containing Product as Grace Product:	

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by (b) A worker who personally removed or cut Non-Grace asbestos-containing
 - products
- (c) A worker who personally installed Non-Grace asbestos-containing products

(f) If other, please specify.

	Party Against which Lawsuit or Claim was Filed:	or Claim was Filed:	[Produce((S))	Detes and Frequency of Expessive (hours/thp), days/year),	<u>Littinstery</u> Code	Versexposme due to voeling mor around areas vhote product ves being freelled, nixel, remoyet, or en 8	Nature of Engesure
					signeally.	lfi Vess, please titalicaite, vom regular prositiving, so suisli ateas	
	Site of Exposure 1	Job 1 Description:					
	Site Name:						
	Address:	Job 2 Description:					
	City and State:						
	Site Owner:	,					
	i	Job 3 Description:					
	Site of Exposure 2	Job 1 Description:					
	Site Name:						
	Address:						
	City and Chate.	Job 2 Description:					
	City and state:						
	Site Owilei.	Job 3 Description:					
						_	
	Site of Exposure 3	Job 1 Description:					
	Site Name:						
	Address:	Job 2 Description:					
	City and State:						
Job 2 Description:	Site Owner:	Yet 2 December					
		Joo 3 Description:					

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

(f) If other, please specify.

(e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others

- (a) A worker who personally mixed Non-Grace asbestos-containing products
 - (b) A worker who personally removed or cut Non-Grace asbestos-containing
 - products
- (c) A worker who personally installed Non-Grace asbestos-containing products

Site of Exposure 1 Site Name:	Job 1 Description: Job 2 Description: Job 3 Description: Job 1 Description:		M.Coate 39;	f Course 1163, specially.	monthei, mixed, state printing men wenter mixed in mixed, or english mixed mixed work regular. If Yes, please hallowers, work regular. provincing to wiell areas.	
	Job 2 Description: Job 3 Description:					
Site of Exposure 3 Site Name:	Job 1 Description: Job 2 Description: Job 3 Description:					

PART VI: EMPLOYMENT HISTORY

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month.

Occupation Code: If Code 59, specify	Industry Code: _	If Code 118, spe	ecify
Employer:	Beginning of Employment	End of Em	ployment
Location:Address	City	State/Province	Zip/Postal Code
			-
Occupation Code: If Code 59, specify	Industry Code: _	If Code 118, spe	ecify
Employer:	Beginning of Employment	End of Em	ployment
Address	City	St. t. D.	7' 7 . 10 1
	City		Zip/Postal Code
Occupation Code: If Code 59, specify	•	If Code 118, spe	
Employer:	Beginning of Employment	End of Em	ployment
Address	City	State/Province	Zip/Postal Code
Occupation Code: If Code 59, specify	Industry Code:	If Code 118, spe	ecify
Employer:	-	_	
Location:			
Address	City	State/Province	Zip/Postal Code
Occupation Code: If Code 59, specify	Industry Code: _	If Code 118, spe	ecify
Employer:	Beginning of Employment	End of Em	ployment
Location:			
Address	City	State/Province	Zip/Postal Code
Occupation Code: If Code 59, specify	Industry Code:	If Code 118, spe	cify
Employer:	Beginning of Employment	End of Emp	ployment
Location:			
Address	City	State/Province	Zip/Postal Code
Occupation Code: If Code 59, specify		If Code 118, spe	
Employer:	Beginning of Employment	End of Emp	ployment
Location:Address	City	State/Province	Zip/Postal Code
Occupation Code: If Code 59, specify	Industry Code:	If Code 118, spe	cify
Employer:			
Location:		Zild of Emi	
Address	City	State/Province	Zip/Postal Code
Occupation Code: If Code 59, specify	Industry Code:	If Code 118, spe	cify
Employer:			
Location:			
Address	City	State/Province	Zip/Postal Code