

Exhibit A to CMO 76 Initial Claimant Identification  
Initial Claimant Identification Certification

<u>Last Name of Pradaxa Claimant</u>	<u>First Name of Pradaxa Claimant</u>	<u>Date of Birth of Claimant</u>	<u>Pradaxa Ingestion Confirmed? Y/N</u>	<u>Bleed Confirmed While on Pradaxa? Y/N</u>	<u>Death, Bleeding Event or Other Injury</u>
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## Certification Order

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<u>Date of Initial</u> <u>Bleeding</u> <u>Event</u>	<u>If "Death,"</u> <u>Days b/w</u> <u>Bleed &amp;</u> <u>Death</u>	<u>If "Injury,"</u> <u># of Days</u> <u>Hospitalized</u> <u>if Alive</u>	<u>Name of</u> <u>Law Firm</u> <u>Representing</u> <u>Claimant</u>	<u>Category</u> <u>Claimed</u> <u>Under MSA</u> <u>Para. 8.2(a)</u>
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