

EXHIBIT 4

These instructions and claim form relate to settlements on behalf of plaintiffs in *In re Blood Reagents Antitrust Litigation*, Case No. 09-MD-2081, in the United States District Court for the Eastern District of Pennsylvania. You may have previously received Court-ordered notices in this case informing you of the certification of a class and of settlements with Immucor, Inc. (“Immucor”) and Ortho-Clinical Diagnostics, Inc. (“Ortho”). Both of those settlements have now received final approval from the Court, and the net settlement funds will be distributed to class members after claim forms have been submitted and reviewed.

You have received this claim form because you have been identified as a purchaser of Traditional Blood Reagents directly from Ortho or Immucor between January 1, 2001 and October 19, 2015. In order to determine the amount of any share in the settlement funds to which you may be entitled, the Claims Administrator needs to gather more information about your Traditional Blood Reagents purchases during this time period.

This packet contains instructions and a claim form. Your Traditional Blood Reagents purchases have been calculated based on transactional data produced by Defendants in the litigation. As explained below, you have the option to accept this calculation, or to supplement or dispute the calculated amount. **In order to receive money from the settlements, you must fill out and sign this Claim Form and return it either (a) by First-Class Mail, postmarked no later than _____ [referred to herein as “Due Date”; date is 60 days after day the Claims Administrator mails out claim forms], or (b) as a scanned attachment to an email sent no later than _____ [Due Date].** Please see Instruction #1 below for more information about submitting your Claim Form.

If, after reviewing these instructions, you have questions about the Claim Form or how to submit your information, please contact the Claims Administrator using one of the methods described below under Instruction #10.

INSTRUCTIONS

1. What do I have to do to submit a claim?

In order to submit a claim, you must complete the attached Claim Form pursuant to these instructions. The Claim Form must be filled out completely, **including your tax identification number**, and it **must be signed**. If you are accepting the calculation of your Traditional Blood Reagents purchases contained on the pre-populated Claim Form, then you only need to return the signed and completed Claim Form. If, however, you are supplementing or disputing the amounts on the pre-populated Claim Form, you must also submit supporting documentation (as discussed in Instruction #5).

You may submit your claim either by returning it via First-Class mail to:

BLOOD REAGENTS ANTITRUST CLAIMS ADMINISTRATOR
P.O. BOX 404082
LOUISVILLE, KY 402033-4082

or emailing the signed and scanned form as an attachment to info@bloodreagentsantitrustlitigation.com. Please be mindful that if you are submitting supporting documentation, emails larger than 10 MB likely will not successfully transmit and thus such material should be sent via First-Class mail instead.

Please keep a copy of your completed Claim Form and any submitted documentation for your records. If you wish to have confirmation that your Claim Form has been received, you should submit it via Certified Mail, return receipt requested.

2. I received a solicitation from a company offering to help me file my claim. What should I do?

Some companies may offer to help you file your Claim Form in exchange for a portion of your recovery from the settlements. While you may choose to use such companies, you should know that you can file with the Claims Administrator on your own, free of charge. Additionally, you are entitled to contact the Claims Administrator for assistance with understanding and filing your Claim Form—again, at no cost to you.

3. What is the deadline for submitting the claim form?

Only signed claims submitted by _____ [Due Date] will be considered. If you are mailing your form, it must be postmarked by _____ [Due Date]; if you are emailing it, it likewise must be sent by 11:59 p.m. PST on _____ [Due Date]. In either case, if you are supplementing or disputing the amounts contained in the pre-populated Claim Form below, the supporting documentation must also be submitted by the _____ [Due Date] deadline.

4. What kinds of purchases, and from what companies, are eligible purchases for submitting a claim?

Products. The litigation concerns Traditional Blood Reagents. Purchases of Proprietary Blood Reagents are not eligible for claim submissions.

Sellers. A Traditional Blood Reagents purchase is only eligible if you made the purchase directly from either of the following companies: Immucor, Inc. or Ortho-Clinical Diagnostics, Inc. These companies are collectively referred to in these materials as “Defendants.” Purchases made from a third-party distributor are not considered “direct” for purposes of submitting a claim.

Time Period. The settlement classes include persons and entities that purchased Traditional Blood Reagents directly from November 4, 2000 through October 19, 2015 (the “Class Period”). Your Traditional Blood Reagents is considered “purchased” on the date that it was invoiced, regardless of when the Traditional Blood Reagents were shipped or received, or when the invoice was paid. As noted below in Instruction #7, the Court has approved a distribution plan whereby the majority of the settlement funds will be allocated based on Traditional Blood Reagents purchases from January 1, 2001 through December 31, 2004 (the core time period of the litigation, referred to here as the “Damages Period”), with limited payments to class members who only purchased Traditional Blood Reagents from January 1, 2005 through April 30, 2009.

Location. Only Traditional Blood Reagents purchased in the United States are eligible. Your Traditional Blood Reagents are considered purchased in the United States if they were either billed to or shipped to an address in the United States.

5. My records show different purchase totals than those on the pre-populated Claim Form. How do I support my claim for a different amount?

Plaintiffs’ counsel believe that the amounts calculated from the transactional data produced by Defendants in the litigation are accurate. However, if your records show a different purchase total for either Defendant, you may supplement or dispute what is pre-populated on the Claim Form.

To properly supplement or dispute the amount, you must submit your supplement or dispute **in writing** together with this signed Claim Form, indicating specifically what information you dispute and attaching documentation (receipts, invoices or other proof of purchase) supporting the requested correction(s). Only include copies of such documentation, not originals.

Supplements or disputes that are submitted without documentation will not be accepted.

Please note that the calculated purchase totals on the pre-populated Claim Form are net of all adjustments, such as shipping, credits, and rebates, and your supporting documentation must also reflect all adjustments. Additionally, for purposes of the Claim Form, your Traditional Blood Reagents are considered “purchased” on the date they were invoiced—not the date they were shipped or received, or when the invoice was paid.

After receiving your supporting documentation, the Claims Administrator will review it and compare it to the transactional data from Defendants to verify your claim. If the Claims Administrator disagrees with the calculation you submit, you will be contacted about the

disagreement. If the disagreement cannot be resolved, then, if necessary, it will be brought before the Court for resolution.

6. What should I do if I have received more than one Claim Form?

If you/your firm appeared in Defendants' records under other names or at different locations, you/your firm and related entities and locations may have received multiple Claim Forms. These forms are unique, and are represented by a unique Claim Number and unique purchase totals.

If you received multiple Claim Forms and you wish to file for all purchases shown on each Claim Form, you must file all Claim Forms received. You may combine your claims into one claim, but you must mail all Claim Forms together and include a written request that clearly identifies the specific Claim Numbers that you wish to combine.

7. How much money will I receive from the settlements?

Your exact claim amount cannot be determined until all claim forms are collected and processed. It is not known at this time how much money you will receive from the settlements. However, the process the Court has approved for how the settlement funds will be distributed among those who submit valid and timely claims ("Authorized Claimants") is described below.

The funds from both settlements in this case have been combined into a single Combined Settlement Fund. From this, the Court has already ordered to be paid certain attorneys' fees, expenses, and service awards to the class representatives. The remainder is the Net Combined Settlement Fund (approximately \$____ million), and it will be distributed according to the following plan previously approved by the Court. The substantial majority of the Net Combined Settlement Fund will be distributed *pro rata* in accordance with each Authorized Claimant's Traditional Blood Reagents purchases from January 1, 2001 through December 31, 2004 (the "Damages Period"). Except as described below, each Authorized Claimant that files a timely claim will be allocated a share of the funds available for distribution, such that its share will be in proportion to the total of all Authorized Claimants' Traditional Blood Reagents purchases during the Damages Period, with a minimum guaranteed distribution to each such Authorized Claimant of \$250.

If you opted out of the Immucor settlement, the *pro rata* share received for your purchases during the Damages Period will be reduced as follows. Because approximately 53% of the Combined Settlement Fund is attributable to the Immucor Settlement, if you opted out of the Immucor settlement, you will have your purchases during the Damages Period valued at approximately \$0.47 (i.e., \$1 minus \$0.53) on the dollar for purposes of calculating your *pro rata* share.

The remainder of the Net Combined Settlement Fund will be distributed to Authorized Claimants who only purchased Traditional Blood Reagents from a Defendant between January 1, 2005 and April 30, 2009. The Immucor settlement and the Class specified class periods extending after the Damages Period, with the Immucor Settlement Class including purchases through February 23, 2012 and the Class including purchases through October 19, 2015. Thus, the earlier certified classes include some entities that only purchased Traditional Blood Reagents after 2004 (and not during the Damages Period). Subsequent events in the litigation, however, have substantially

diminished the value of claims after the Damages Period. First, the Court's summary judgment decision dismissed claims based upon the 2005 and 2008 price increases. The Court later concluded that Plaintiffs' expert's testimony did not provide a reliable basis to estimate any damages from the 2001 price increase that may have continued after 2004. Nevertheless, Class Counsel believe it is appropriate to allocate some recovery based on purchases for the period January 1, 2005 through and including April 30, 2009, to reflect the release provided by these Settlement Class Members and Plaintiffs' expert's opinion that, to the extent damages from the 2001 price increase did continue, they would have stopped at that point. Accordingly, each Combined Settlement Class Member who only purchased TBR from January 1, 2005 through and including April 30, 2009, but not during the Damages Period, will receive \$250.

8. When will I receive money from the settlements?

All Claim Forms must be sent to the Claims Administrator no later than _____ **[Due Date]**. The Claim Forms must then be reviewed and any disputes resolved. When all disputes are resolved, distributions to Authorized Claimants will be made. There is no way at this time to predict with certainty when the distributions will be made.

9. I did not receive a copy of the Claim Form with pre-populated information, but believe I have purchases that qualify me to receive a portion of the settlement funds. How do I submit a claim?

A blank Claim Form is available at www.bloodreagentsantitrustlitigation.com. If you did not receive a Claim Form but believe you have eligible purchases, you may submit the signed and completed Claim Form with supporting documentation to the Claims Administrator.

10. I have questions or need assistance. Who can I contact?

You may contact the Claims Administrator with any questions about the Claim Form or distribution process:

BLOOD REAGENTS ANTITRUST CLAIMS ADMINISTRATOR
P.O. BOX 404082
LOUISVILLE, KY 402033-4082

info@bloodreagentsantitrustlitigation.com

(855) 231-9423

In addition, more information about the litigation, the settlements, the distribution plan, and other matters is available at the settlement website, www.bloodreagentsantitrustlitigation.com.

CLAIM FORM

In order to receive money from the settlements, you must complete and sign this Claim Form and return it by First-Class Mail, postmarked no later than _____ [Due Date], or as a scanned attachment to an email, sent no later than _____ [Due Date]. If you fail to submit your Claim Form, or submit it after _____ [Due Date], you may not receive any money in connection with the settlements.

If you/your firm appeared in Defendants' records under other names or at different locations, you/your firm and related entities and locations may have received multiple Claim Forms. These forms are unique, and are represented by a unique Claim Number and unique purchase totals.

If you received multiple Claim Forms and you wish to file for all purchases shown on each Claim Form, you must file all Claim Forms received. You may combine your claims into one claim, but you must mail all Claim Forms together and include a written request that clearly identifies the specific Claim Numbers that you wish to combine.

Calculation of Traditional Blood Reagents Purchases Directly from Defendants

Based on the transactional records that were produced in the litigation, the following information about your claim has been calculated: [one or the other box will be checked]

- You purchased the following amounts of Traditional Blood Reagents (net of shipping, rebates, credits, and other adjustments) directly from Defendants that was invoiced from January 1, 2001 through and including December 31, 2004:

<i>Defendant</i>	<i>Total Amount Purchased</i>
Ortho-Clinical Diagnostics, Inc.	
Immucor, Inc.	
Total	

- You did not purchase any Traditional Blood Reagents directly from either Defendant that was invoiced from January 1, 2001 through and including December 31, 2004, but did purchase some amount of Traditional Blood Reagents directly from a Defendant that was invoiced from January 1, 2005 through and including April 30, 2009.

If your records show a different purchase total, or purchases during a different portion of the Damages Period, you may supplement or dispute the amount. You may accept the amount shown for one Defendant while supplementing or disputing the amount for the other. To properly supplement or dispute the amount, you must submit your supplement or dispute in writing together with this Claim Form, indicating specifically what information you dispute and attaching copies of documentation (receipts, invoices or other proof of purchase) supporting the requested correction(s). **Supplements or disputes that are submitted without documentation will not be accepted.**

If you choose to supplement or dispute the amount of your purchases as shown, you should still fill out, sign and return the Claim Form as requested; however you should indicate that you are

disputing the value of your purchases and include your supporting documentation with the Claim Form.

Release and Verification

I submit this Claim Form under the terms of the approved settlements and distribution plan in the *Blood Reagents Antitrust Litigation*. I understand that in exchange for the benefits provided by these settlements, I have released the settling Defendants for the claims identified in the settlement agreements. I declare under penalty of perjury that:

- I have read and understand the notices that were mailed regarding the settlements, have read and understand the instructions that were mailed with this Claim Form, and agree to abide by the terms of the notices and this Claim Form;
- As to any information under the section above titled "Calculation of Traditional Blood Reagents Purchases Directly from Defendants" that I am not disputing or supplementing, I accept that information as accurate for purposes of my claim submission; and
- Any information I am submitting to supplement or dispute the information under the section above titled "Calculation of Traditional Blood Reagents Purchases Directly from Defendants" is true and accurate.

1. Any other names by which you/your firm has been known during the period November 4, 2000 through October 19, 2015:

2. Taxpayer Identification Number (TIN): _____

3. Name of person filing and signing this Claim Form: _____

4. Title/Position: _____

5. Date (mm/dd/yyyy): ____ / ____ / ____

6. Contact Information:

Daytime Telephone: (____) ____ - _____

Evening Telephone: (____) ____ - _____

Email Address: _____

Supplement or Dispute Attached: If you are supplementing or disputing the amount of your total direct purchases of Traditional Blood Reagents from either Defendant, please

check this box and attach documentation and a written explanation to this form and return as directed. Additionally, for whichever Defendant(s) for which you dispute the amount contained in the chart on the previous page, please indicate here the name of the seller and your calculation of your total Traditional Blood Reagents purchases directly from that seller (net of shipping, rebates, credits, and other adjustments) that were invoiced from January 1, 2001 through and including December 31, 2004.

Defendant

Total Amount Purchased

I certify that the taxpayer identified by Taxpayer Identification Number above is NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

(NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the work "NOT" in the previous sentence.)

Under the penalties of perjury, I certify that the foregoing information contained in this Claim Form is true and correct.

By: _____
(Signature)