


- All treatment records from Claimant's oncologist(s) from date of diagnosis to the present. [Do we need "all" treatment records - why?]
- Records from any other provider reflecting treatment for Claimant's cancer and any records that establish whether Claimant's cancer is in remission. All diagnosis and treatment plan records must be highlighted and clearly delineated.

1. ROUNDUP PRODUCT USER

Please complete the information requested below:

If the Claimant is deceased, incapacitated, or a minor, this section should be completed with the information pertaining to the deceased, incapacitated or minor Claimant. In that case, the individual completing this Claim Form on behalf of a deceased, incapacitated, or minor Claimant should enter his/her personal information and contact information where indicated below.

Roundup Product User Name	Last PENDYGRAFT	First SCOTT	Middle P
Social Security Number			Date of Birth 11 / 28 / 71 (Month/Day/Year)
Address	Street/P.O. Box 7 GREENWAY RD		Apt./Suite
	City FT. LAUDERDALE	State FLORIDA	Zip 97341
User's Contact Information		Phone 913 748-5678	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
		Alt. Phone	<input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Home
		Email TEST@NOWHERE.COM	
Citizenship	Are you a currently a U.S. citizen (Yes / No)? NO		
	If No, are you currently a Legal Resident of the United States (Yes / No)? YES		

2. PERSONAL REPRESENTATIVE INFORMATION (MINOR, DECEASED, OR INCAPACITATED CLAIMANTS)

Is the Claim being brought by a Representative on behalf of the Roundup Product User?

YES ☐ NO ☒

If Yes, complete Section 2.