

**XARELTO
DATA SHEET
MDL 2592**

Name of Law Firm: _____

Address: _____

Company Phone: _____

Company Fax: _____

Company Email: _____

Senior Partner of Xarelto

Administrative Person (Individual that will be compiling information and that we should address questions to about the numbers)

Name: _____

Name: _____

Address: (if different from above)

Address: (if different)

Direct Dial Phone: _____

Direct Dial _____

Cell Phone: _____

Cell Phone _____

Email Address: _____

Email Address: _____

As a convenience to the law firm submitting the information we will assign partner identification numbers that can be used in lieu of a signed submission form being scanned in and attached to the document.

Please sign below if you agree with the statement:

By use of my assigned partner ID number I hereby certify that I have reviewed the submission, that it is in compliance with PTO-8 and all other court orders, and that the information is true and correct to the best of my knowledge.

Signature

Print Name