

SCHEDULE C

MODEL PHYSICIAN'S CERTIFICATE

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Date

RE: **Settlement of Requip® Class Action
Doctor's Certificate**

Dear Sir or Madam,

We are the attorneys representing the persons residing in Quebec who were prescribed and who ingested the medication sold under the name Requip® (ropinirole hydrochloride) and who later developed an impulse control disorder.

A class action was filed on behalf of these persons against the GlaxoSmithKline Inc. pharmaceutical company, which designed, marketed, and sold this medication in Canada. The members of the class action group allege that Requip® can cause impulse control disorders such as compulsive gambling, hypersexuality, binge eating, compulsive shopping, et cetera. Essentially, they allege that GlaxoSmithKline Inc. did not adequately advise them with respect to the risks of using this medication. The group members do not allege, in any way, that treating physicians should be held liable.

An out of court settlement has been reached in this matter and this settlement has been approved by the Court. You can find a copy of the settlement and read its terms and conditions at www.lblavocats.ca.

In order to participate in the settlement, a person who wishes to obtain an indemnity must provide a doctor's certificate stating that Requip® caused that person to develop an impulse control disorder. If you are of the opinion that this medication had such an effect on your patient, all you must do is fill out and sign the attached certificate. We will gladly compensate you for your time by providing you with \$50 upon receipt of a bill and a completed certificate.

Thank you for your cooperation. Should you have any questions, please let me know.

LAUZON BÉLANGER LESPÉRANCE INC.

AL/db
Encl.

André Lespérance

DOCTOR'S CERTIFICATE

(RE: Impact of Requip®)

Name of Patient: _____

Date of Birth of Patient: _____

I have met this patient and I can confirm that, to the best of my knowledge, this patient had one or more impulse control disorders after having taken Requip®

Impulse Control Disorders:

Compulsive Gambling: _____

Hypersexuality: _____

Compulsive Shopping: _____

Binge Eating: _____

Other (please describe): _____

Name of Doctor: _____

Signature of Doctor: _____

Date: _____

Address of Doctor: _____