

**PERRINE DUPONT SETTLEMENT CLAIMS OFFICE
ATTN: EDGAR C. GENTLE, CLAIMS ADMINISTRATOR
C/O SPELTER VOLUNTEER FIRE DEPARTMENT OFFICE**

55 B Street

P. O. BOX 257

Spelter, West Virginia 26438

(304) 622-7443

(800) 345-0837

www.perrinedupont.com

perrinedupont@gtandslaw.com

September 20, 2011

VIA HAND DELIVERY

The Honorable Thomas A. Bedell
Circuit Judge of Harrison County
301 West Main Street, Room 321
Clarksburg, West Virginia 26301

**Re: Perrine, et al. v. DuPont, et al.;
Civil Action No. 04-C-296-2 (Circuit Court of Harrison County, West Virginia)
- (i) Preliminary Medical Monitoring Program Optional Scientific and Health
Research Data Collection Claimant Consent Form, and (ii) Preliminary
Physician CT Scan Verification Form; Our File No. 4609-1{GG}**

Dear Judge Bedell:

I hope this letter finds the Court well.

The purpose of this letter is to submit to the Court for your review the two above referenced forms which need to be finalized for the Medical Monitoring Program and have been drafted following input from the Finance Committee and the Guardian Ad Litem for children, and to suggest their manner of use in the Medical Monitoring Program.

I. Preliminary Medical Monitoring Program Scientific and Health Research Optional Data Collection Consent Form

Pursuant to your Order Permitting the Establishment of a Program Database to Facilitate and Assist in Future Scientific and Medical Research entered on August 24, 2011, please find enclosed your Claims Administrator's Preliminary Medical Monitoring Program Optional Scientific and Health Research Data Collection Consent Form (the "Data Consent Form").

We suggested including the Data Consent Form with the new patient materials that a Medical Monitoring Verified Registrant completes when he or she has the first Medical Provider appointment in the Medical Monitoring Program.

September 20, 2011

Page 2

II. Preliminary Physician CT Scan Verification Form

As contemplated by the Preliminary CT Scan Rule we filed with the Court for briefing on September 1, 2011, please find a proposed Preliminary Physician CT Scan Verification Form, to be used in connection with Medical Monitoring Program CT Scans.

In order to document that every CT Scan eligible Medical Monitoring Verified Registrant is diagnosed to receive or not to receive a CT Scan in accordance with the Preliminary CT Scan Rule, we recommend that this CT Scan Verification Form be completed for every such claimant (with some being diagnosed as to receive a CT Scan and some being diagnosed as not to receive a CT Scan) and that it be provided to CTIA, the Third Party Administrator, to document this process.

Those diagnosed by the attending physician to receive a CT Scan would be scanned as soon as practicable to help detect disease.

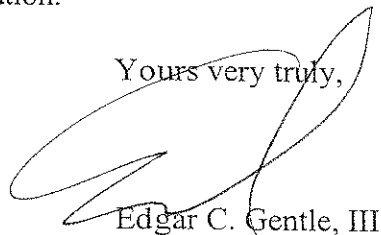
Your Claims Administrator suggests that the Parties be allowed to brief these two forms and their manner of use in the Medical Monitoring Program in the Medical Monitoring Program under a schedule in the enclosed proposed Order.

Your Claims Administrator further requests that a hearing on these two forms and their manner of use in the Medical Monitoring Program take place on or about October 17, 2011, allowing DuPont, Class Counsel, the Guardian Ad Litem for the children, or any other interested Parties to submit comments, briefs or factual evidence to the Court and your Claims Administrator.

For the Court's consideration, please find enclosed a proposed Order and briefing schedule regarding the enclosed draft Forms and their manner of use in the Medical Monitoring Program.

Thank you for the Court's consideration.

Yours very truly,



Edgar C. Gentle, III

ECGIII/pfo
Enclosures

cc: (with enclosures)(by e-mail)(confidential)

Stephanie D. Thacker, Esq.,
DuPont Representative on the Settlement Finance Committee

September 20, 2011

Page 3

cc: (continued)
Virginia Buchanan, Esq.
Plaintiff Class Representative on the Finance Committee

Meredith McCarthy, Esq.,
Guardian Ad Litem for Children

Clerk of Court of Harrison County,
West Virginia, for filing (via hand delivery)

Diandra S. Debrosse, Esq.
Katherine A. Harbison, Esq.
Paige F. Osborn, Esq.
Michael A. Jacks, Esq.
William S. ("Buddy") Cox, Esq.
J. Keith Givens, Esq.
McDavid Flowers, Esq.
Farrest Taylor, Esq.
Ned McWilliams, Esq.
Perry B. Jones, Esq.
Angela Mason, Esq.
Mr. Don Brandt
Jim Lees, Esq.
Leigh Anne Hodge, Esq.

IN THE CIRCUIT COURT OF HARRISON COUNTY, WEST VIRGINIA

LENORA PERRINE, et al.,

Plaintiffs,

v.

Case No. 04-C-296-2
Judge Thomas A. Bedell

E. I. DUPONT DE NEMOURS &
COMPANY, et al.,

Defendants.

**ORDER ESTABLISHING MEDICAL MONITORING PROGRAM
PRELIMINARY OPTIONAL DATA COLLECTION CONSENT
AND CT SCAN VERIFICATION FORMS BRIEFING SCHEDULE**

Presently before the Court is the Claims Administrator's September 20, 2011 Report to the Court submitting preliminary versions of the following two forms, together with their manner of use in the Medical Monitoring Program, which needs to be finalized for the Medical Monitoring Program, and were developed by the Claims Administrator following input from the Finance Committee and the Guardian Ad Litem for children: (i) Preliminary Medical Monitoring Program Scientific and Health Data Collection Claimant Consent Form; and (ii) Preliminary Medical Monitoring Program Physician CT Scan Verification Form (collectively, the "Two Forms"). In order to facilitate the Court's finalization of these Two Forms and their manner of use in the Medical Monitoring Program, DuPont, the Class Representative on the Finance Committee, the Guardian Ad Litem for Children, and all other interested Parties are invited to submit briefs on the Two Forms and their manner of use in the Medical Monitoring Program, to the Court and the Claims Administrator in accordance with the following schedule:

Within fourteen (14) days of the date of this Order, DuPont, the Class Representative on the Finance Committee, the Guardian Ad Litem for Children, and all other interested Parties may make

a submission respecting either or both forms and their manner of use in the Medical Monitoring Program.

By October 10, 2011, the Claims Administrator, after considering any such submissions, shall submit his final proposed Two Forms and their manner of use in the Medical Monitoring Program to the Court. The Court will then hold a hearing on or about October 17, 2011 respecting the Two Forms and their manner of use in the Medical Monitoring Program.

Lastly, pursuant to Rule 54(b) of the West Virginia Rules of Civil Procedure, the Court directs entry of this Order as a Final Order as to the claims and issues above upon an express determination that there is no just reason for delay and upon an express direction for the entry of judgment.

IT IS SO ORDERED.

The Clerk of this Court shall provide certified copies of this Order to the following:

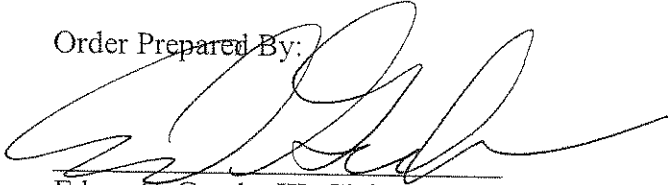
Stephanie Thacker, Esq.
Allen, Guthrie & Thomas, PLLC
P.O. Box 3394
Charleston, WV 25333-3394
DuPont's Finance Committee Representative

Meredith McCarthy, Esq.
Guardian Ad Litem for Children
901 W. Main St.
Bridgeport, WV 26330

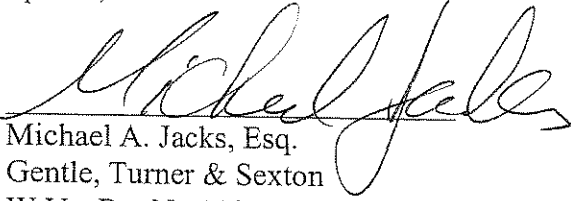
Virginia Buchanan, Esq.
Levin, Papantonio, Thomas, Mitchell,
Rafferty & Proctor, P.A.
P.O. Box 12308
Pensacola, FL 32591
Plaintiffs' Finance Committee Representative

Edgar C. Gentle, III, Esq.
Claims Administrator
Michael Jacks, Esq.
Gentle, Turner & Sexton
P.O. Box 257
Spelter, WV 26438

Order Prepared By:



Edgar C. Gentle, III, Claims Administrator
Gentle, Turner & Sexton
P. O. Box 257
Spelter, WV 26438



Michael A. Jacks, Esq.
Gentle, Turner & Sexton
W. Va. Bar No 11044
Gentle, Turner & Sexton
P. O. Box 257
Spelter, WV 26438

ENTER: _____

DATE: _____

Thomas A. Bedell, Circuit Judge

I. Claims Administrator's Preliminary
Medical Monitoring Program Optional
Scientific and Health Research Data
Collection Claimant Consent Form

THE PERRINE MEDICAL MONITORING PROGRAM
A PRODUCT OF THE PERRINE DUPONT SETTLEMENT
OPTIONAL CLAIMANT AUTHORIZATION OF LIMITED ANONYMOUS DISCLOSURE
OF PROTECTED HEALTH INFORMATION FOR POSSIBLE
SCIENTIFIC AND HEALTH RESEARCH

I authorize the disclosure of my protected health information,¹ or the protected health information for _____ (minor child), as described below. This authorization is voluntary and made because I want this information to be released for possible scientific and health research as described below. **I understand that the Claims Administrator will take reasonable measures to protect the information, but it is possible that the information which is being released may be sent to an individual or entity (described below) which may not be subject to federal or state privacy laws and may be later disclosed again by that individual or entity and no longer be protected.** I understand that I do not have to sign this form, and that signing this form is not a condition to enrollment in The Perrine Medical Monitoring Program a product of the Perrine DuPont Settlement.

1. I authorize the following person(s) and/or organization(s) (specified below) to disclose my protected health information:

ED GENTLE
CLAIMS ADMINISTRATOR
THE PERRINE MEDICAL MONITORING PROGRAM, A PRODUCT OF THE
PERRINE DUPONT SETTLEMENT
P.O. Box 257
Spelter, WV 26438
(800) 345-0837
www.perrinedupont.com

2. I authorize the following person(s) and/or organization(s) to receive my protected health information, as disclosed by the person(s) and/or organization(s) above:

The Perrine Medical Monitoring Program, c/o the Claims Administrator

¹Protected health information means health information, that identifies a person, and which relates to that person's 1) past, present, or future physical or mental health or condition; 2) the provision of health care to that person; or 3) the past, present, or future payment for the provision of health care to that person. 45 C.F.R. § 164.501. Here, the protected health information will be the results of medical tests, physical examinations, and the collection of medical histories in the Perrine Medical Monitoring Program.

The Circuit Court of Harrison County, West Virginia
Judge Thomas A. Bedell

Any and All Special Masters Appointed By the Circuit Court of Harrison County, West Virginia, Who Work On or With the Perrine DuPont Settlement

3. I authorize the following person(s) and/or organization(s) to receive my depersonalized protected health information, with unique identifiers instead of individual information as disclosed by the person(s) and/or organization(s) above, if so ordered by the Court (with any and all information that would permit the identification of the subject of the test and the use of unique identifiers in place of such identifying information. My name, address, and social security number shall not be disclosed under any circumstances to the person(s) or organization(s) identified in paragraph 3).

Meredith McCarthy - Current Guardian Ad Litem for the Minor Plaintiffs in the Perrine DuPont Settlement

Any Other Guardian Ad Litem for Minor Plaintiffs in the Perrine DuPont Settlement

Plaintiffs' Counsel and Plaintiffs' Liaison Counsel in connection with the Perrine DuPont Settlement

Research Departments of Accredited (as determined by the Court) Universities and Colleges
Research Department of Accredited (as determined by the Court) Research Hospitals and Medical Institutions

E. I. DuPont DeNemours and Company

The United States of America and any department or agency or service thereof

The State of West Virginia and any department or agency or service thereof

The United States Environmental Protection Agency

The United States Food and Drug Administration

The United States Occupational Safety and Health Administration

The World Health Organization

Environmental Protection Agency

Agency for Toxic Substances and Disease Registry

Centers for Disease Control

United States Department of Health and Human Services

National Health and Nutrition Examination Survey

National Institutes of Health

4. I direct that all protected health information that may be in the possession of the CLAIMS ADMINISTRATOR, THE PERRINE MEDICAL MONITORING PROGRAM (the "Claims Administrator") may be disclosed, released, revealed, and otherwise given to all person(s) and/or organization(s) identified in number 2 above. In addition, I specifically direct that the following information may be disclosed, released, revealed, and otherwise given to those person(s) and/or organization(s) identified in number 3 above:

Depersonalized, with unique identifiers instead of individual information, samples, reports, results, diagnoses, findings, and other depersonalized information obtained from the Perrine Medical Monitoring Program.

5. The additional specific reason and purpose for the disclosure as described above is as follows:

THE PERRINE MEDICAL MONITORING PROGRAM, A PRODUCT OF THE PERRINE DUPONT SETTLEMENT, AUTHORIZATION OF LIMITED ANONYMOUS DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR POSSIBLE SCIENTIFIC AND HEALTH RESEARCH
PAGE 2 OF 4

To allow the individuals, institutions and organizations named in section 2 to facilitate and 3 above to facilitate and to engage in scientific research, studies, investigations, environmental evaluations and comparisons, statistical analysis, and the development of programs to further understanding regarding the health effects of the potential, possible or alleged prolonged exposure to arsenic, cadmium, zinc and lead in Spelter, West Virginia, and like areas, and other scientific and health studies and purposes.

6. I understand that I may revoke this authorization in writing at any time, except to the extent that the person(s) and or organization(s) named above have taken action in reliance on this authorization. This authorization may be revoked through a letter stating my name, address, telephone number, date of birth, and social security number, along with the following statement or similar statement: "I wish to revoke the AUTHORIZATION OF DISCLOSURE OF PROTECTED HEALTH INFORMATION which I signed and gave to your office." I must then sign the letter and date it, and have my signature witnessed. Then mail the letter to the following address:

ED GENTLE
CLAIMS ADMINISTRATOR
THE PERRINE MEDICAL MONITORING PROGRAM, A PRODUCT OF THE
PERRINE DUPONT SETTLEMENT
P.O. Box 257
Spelter, WV 26438
(800) 345-0837
www.perrinedupont.com

After the Claims Administrator receives my signed and witnessed letter, in the proper format, his office will notify me by phone or letter and confirm that my consent has been revoked.

7. I understand that I may inspect or copy my protected health information to be used and/or disclosed, as long as said information is in the possession of the Claims Administrator. I also understand that I have no right to inspect or copy the following: 1) psychotherapy notes; 2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and 3) protected health information in the possession of the Claims Administrator to which federal law prohibits my access.
8. I understand that I may refuse to sign this authorization.
9. I understand that the Claims Administrator is creating information for the purpose, in whole or in part, of scientific or health research. I understand that the extent to which the information will be used to carry out the Medical Monitoring Program, includes: using my PHI (as authorized in section 4 above), to further scientific or health research into the human health effects of prolonged potential, alleged or possible contamination of arsenic, cadmium, zinc, and lead in Spelter, West Virginia. In addition, this PHI may be used to investigate other sites and compare contamination in those sites as well, and treat other individuals exposed to similar

contamination. I understand that this PHI could be used for scientific research, studies, investigations, environmental evaluations and comparisons, statistical analysis, and the development of programs to further understanding regarding the health effects of the potential, alleged or possible contamination in Spelter, West Virginia, and like areas, and other scientific studies and purposes. I also understand that it could be used by other entities to aid in preventing other types of contamination, or treating other types of contamination or sickness. It might also be used solely for statistical purposes or any other purpose deemed useful by the individuals, institutions, or organizations named in section 3.

10. I understand that no protected health information will be used or disclosed unless I agree to such disclosure herein.
11. I understand that the statements made in this document are binding.

I understand and acknowledge that the Perrine Medical Monitoring Program does not include any provision for the funding of any of the potential scientific research, studies, investigations or other programs outlined in this disclosure and that this authorization does not create any expectation by me or by the medical monitoring class or any obligation on the part of DuPont or the Claims Administrator for DuPont or the Claims Administrator to provide any money to support such programs.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction. I have been given a copy of this authorization.

Signed _____ Date _____

Print Name: _____

Address: _____

Telephone: _____

D.O.B.: _____

Social Security Number: _____

Check here if Social Security number is for a minor child

Relationship or Authority of Personal Representative (if applicable)
(If you have signed this form as a personal representative of the individual whose personal health information is being released, state your relationship to the individual, or your authority for signing for the individual here.)

II. Claims Administrator's Preliminary
Medical Monitoring Program Physician
CT Scan Verification Form

PERRINE MEDICAL MONITORING PROGRAM
CT SCAN PHYSICIAN VERIFICATION FORM TO BE COMPLETED
BY THE HEALTH CARE PROVIDER TO BE COMPLETED FOR EACH
MEDICAL MONITORING CT SCAN ELIGIBLE PATIENT

I, a licensed physician, in good standing with the West Virginia Board of Medicine, do hereby certify the following:

1. I, a qualified healthcare professional, have personally examined _____
_____ (name of claimant/patient), referred to below as the "patient,"
in accordance with the protocols in Exhibit 1.
2. In examining the patient, I have:
 - a. Taken the patient's vital signs and reviewed the patient's blood and urine test results;
 - b. Conducted a general health interview which shall include the number of years the patient has lived in the Class Area in Exhibit 2, with greater weight being given to:
 - i. Zone 1 patients who have lived in the Class Area for 2 years or more;
 - ii. Zone 2 patients who have lived in Class Area for 6 years or more; and
 - iii. Zone 3 patients who have lived in the Class Area of concern for 10 years or more);
 - c. Reviewed the patient's prior medical record (necessary to determine propensity for cancer); and
 - d. Ensured that all female patients receive a pregnancy exam.
3. The patient had paragraph C on page 2 of the Memorandum of Understanding in Exhibit 3 read to him or her by me or was provided a copy to read.
4. As the examining physician, I have ensured informed consent by the patient. Specifically, as the examining physician, I explained the nature of the radiological imaging, that the results may not be definitive, there may be false outcomes, and that there is a risk associated with radiological imaging and CT Scans specifically.
5. After a review of the patient's vital signs, the blood and urine test results, general health interview, and prior medical history, I, the examining physician, have, in my discretion, made a determination on whether to recommend a CT Scan for the patient as being medically necessary and relevant to possible exposure to heavy metals (cadmium, arsenic, lead or zinc) contamination.

MY RECOMMENDATION IS AS FOLLOWS (CHECK ONLY ONE):

- YES, I RECOMMEND A CT SCAN.
- NO, I DO NOT RECOMMEND A CT SCAN.

6. The decision to recommend a CT Scan or not to recommend a CT Scan rests with me, the examining qualified healthcare professional.
7. As the health care provider, I shall not bill Medicaid, Medicare and/or any other third party for the services outlined in this verification form consent under any circumstances.

Physician's Signature: _____

Printed Name of Physician: _____

Date: _____

Exhibit 1

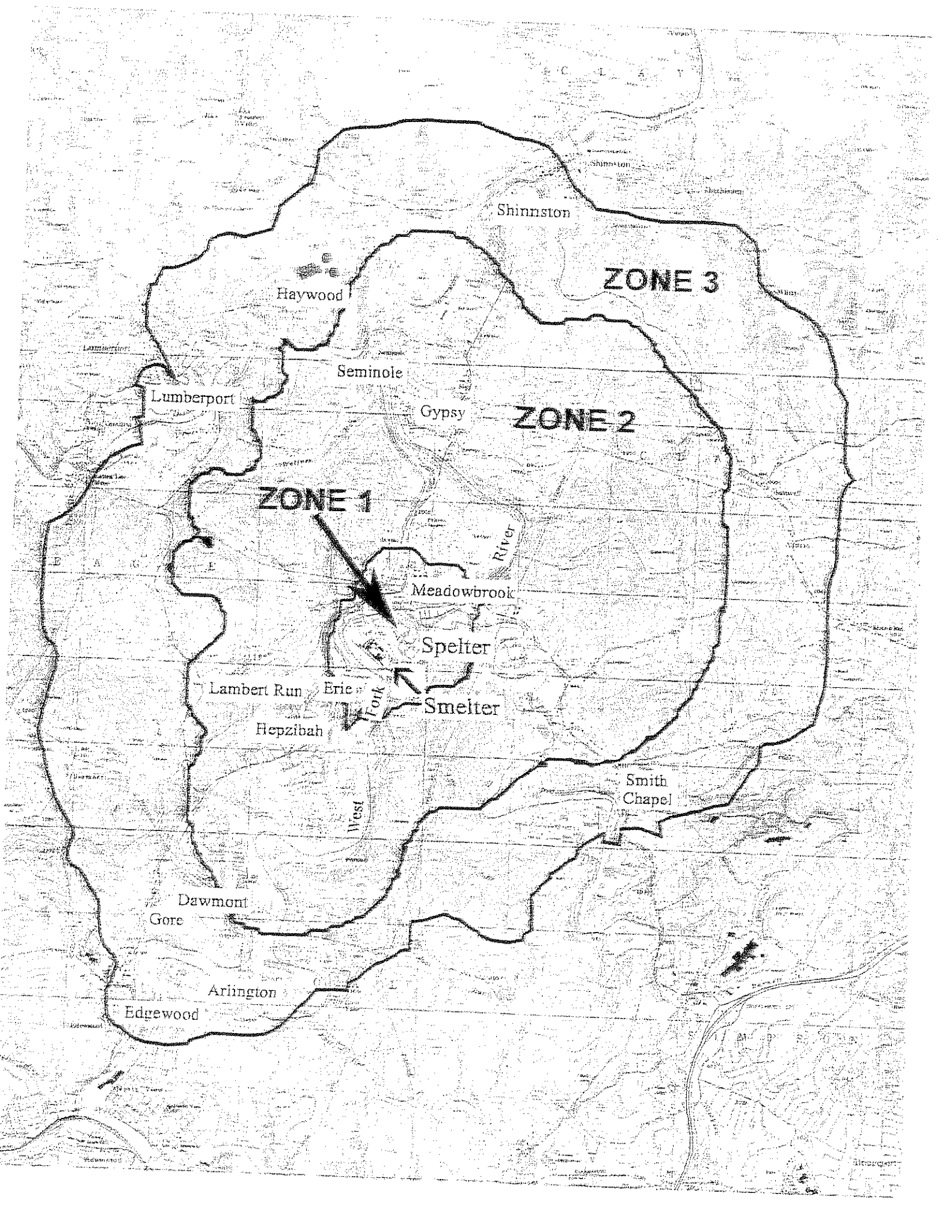
CT Scan Utilization Protocols

CT SCAN UTILIZATION PROTOCOLS

1. CT Scan eligible claimants are described in Dr. Brookshire's report.
2. At the initial medical monitoring testing visit, the attending physician will take the CT scan eligible claimant's vital signs and conduct a general health interview of the claimant.
3. After examining the claimant, the examining physician will make a determination on whether to recommend a CT scan for the claimant as being diagnostically medically necessary based on the CT Scan Utilization Guidelines to be developed by the Claims Administrator and to be ultimately determined by the Court.
4. The claimant can accept or decline the recommendation for a CT scan.
5. Prior to agreeing to a CT scan, a claimant will be told by the physician the benefits and risks of a CT scan.
6. Claimants agreeing to a CT scan shall sign a standard CT scan release.

Exhibit 2

Class Area Map



E. C. L. A. Y

Shinnston

Shinnston

Haywood

ZONE 3

Seminole

Lumberport

Gypsy

ZONE 2

ZONE 1

River

Meadowbrook

Spelter

Lambert Run

Erie

Smelter

Hepzibah

Smith Chapel

Dawmont Gore

Arlington

Edgewood

Exhibit 3

Paragraph C, page 2, of Memorandum of Understanding

c. The program shall provide those examinations and tests set forth in the Court's Order of February 25, 2008 with the exception that no routine CT scans shall be performed as part of the medical monitoring program. The Defendant does agree to provide CT scans that are diagnostically medically necessary as determined by a competent physician as relevant to possible exposure to the heavy metal contamination at issue in this litigation.