

CLAIM FORM

THE DEADLINE TO SUBMIT THIS CLAIM FORM IS FEBRUARY 12,2022

This is the official Claim Form you must use to make a claim in the Class Settlement of Arabia, et al. v. Infinity Diagnostics Laboratory, Inc., Docket No. ATL-L-3962-20, filed in the Superior Court of Atlantic County, New Jersey. Please read this form carefully and fill it out completely.

In order to qualify for relief under the Settlement, you must be a New Jersey citizen who, between March 1, 2020, and the present, purchased a finger-stick antibody blood test for COVID-19 that was administered or sold, in New Jersey, by Infinity Diagnostics Laboratory, Inc. (“Infinity”) or its employees. If this applies to you, then you are a Settlement Class Member. The Settlement Class does *not* include, for example, tests administered outside New Jersey, tests administered to citizens of states other than New Jersey, or COVID-19 PCR (nasal swab) tests.

To be eligible for benefits under the settlement, a Settlement Class Member must complete this Claim Form and mail, email, or fax the completed Claim Form, along with any supporting documentation, to the Claims Administrator on or before **February 12, 2022**. The information you provide below will determine if you qualify for a payment and the amount thereof. If you qualify, you will be eligible to receive a cash benefit under the Settlement, in the form of a check once the Settlement is finally approved. Please complete a separate Claim Form for each finger-stick antibody blood test you received from Infinity.

If you have any questions, please contact Claims Administrator at 1-844-844-2992 or via email at info@infinitydiagnosticssettlement.com. You may also contact Class Counsel at 856-797-9951 or via email at sdenittis@denittislaw.com.

**THIS COMPLETED FORM MUST BE POSTMARKED,
E-MAILED, OR FAXED NO LATER THAN FEBRUARY 12, 2022.**

1. Contact Information.

Provide your full name, present address, and either a phone number or e-mail address at which you may be contacted if necessary:

First Name

Last Name

Address

City

State

Zip Code

(____) _____

Phone Number

E-Mail Address

2. Select ONE of the following:

- I am enclosing herewith the following documents evidencing that I received a COVID-19 finger-stick antibody blood test from Infinity:

(Examples of acceptable evidentiary documents include, but are not limited to, a payment receipt, a test result, or other document demonstrating that you received a COVID-19 finger-stick antibody blood test from Infinity.) Please send me a check for \$75.00.

- I do not have any documents evidencing that I received a COVID-19 finger-stick antibody blood test from Infinity, but I am certifying below that I received a COVID-19 finger-stick antibody blood test in New Jersey from Infinity. Please send me a check for up to \$37.50. I understand that this amount may be reduced on a pro rata basis depending on the number of Claimants.

Reminder: The Settlement Class does not include tests administered outside New Jersey, tests administered to citizens of states other than New Jersey, or COVID-19 PCR (nasal swab) tests.

3. Certification

By signing below, I am certifying under oath that:

- a. The foregoing information is accurate to the best of my knowledge.
- b. I am a citizen of New Jersey; and
- c. I received a finger-stick antibody blood test in New Jersey from Infinity between March 1, 2020, and the present.

Class Member Signature

Date

Return the completed Claim Form by **February 13, 2022**, to:

INFINITY CLASS SETTLEMENT
1650 Arch Street, Suite 2210
Philadelphia, PA 19103
TEL: 1-844-844-2992
FAX: 215-525-0209
EMAIL: <info@infinitydiagnosticssettlement.com>

*****REMEMBER TO COMPLETE AND RETURN THIS CLAIM FORM BY FEBRUARY 12, 2022*****