

# CooperSurgical IVF Class Action Questionnaire

Please Email a copy of this form to [IVFclassaction@murphybattista.com](mailto:IVFclassaction@murphybattista.com) with the Subject line:  
**CooperSurgical IVF Class Action** and our office will contact you to confirm receipt and next steps.

## Personal Information:

Full Legal Name: \_\_\_\_\_

Other Name/Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## General Information:

Did you receive a recall notice letter from your fertility clinic?                      Yes                      No

What is the name of the clinic where you underwent IVF?  
\_\_\_\_\_

## Additional comments and information you wish to provide:

Personal information that you provide to us for the purpose of determining your possible involvement in the class action will be treated as private. [Read our privacy policy for more information.](#)

I have read and agree to the disclaimer