



CooperSurgical IVF Class Action

Questionnaire

Please Email a copy of this form to 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