Your claim must be submitted online or postmarked by: November 24, 2026

In re Laboratory Services Cooperative Data Breach Litigation
Case No. 2:25-cv-00685-BJR
United States District Court for the Western District of Washington

SETTLEMENT CLAIM FORM

LSC CLAIM

GENERAL INSTRUCTIONS

You are included in the **Settlement Class** if you are a U.S. resident whose Personal Information was potentially compromised as a result of the Data Incident which Laboratory Services Cooperative ("LSC" or "Defendant") became aware of on or about October 27, 2024.

Excluded from the Settlement Class are: (1) the judge presiding over the Litigation and members of her direct family, (2) Defendant, its subsidiaries, parent companies, successors, predecessors, and any entity in which the Defendant or Defendant's parent companies have a controlling interest and their current or former officers and directors, and (3) Settlement Class Members who submit a valid Request for Exclusion prior to the Opt-Out Deadline.

Data Incident means the data incident which LSC became aware of on or about October 27, 2024 and that LSC disclosed on or around April 10, 2025, which may have included personally identifiable information ("PII") and protected health information ("PHI") (collectively referred to as "Personal Information") relating to patients, payors, and some individuals working for LSC.

THE SETTLEMENT BENEFITS

Settlement Class Members may submit claims for compensation for Out-of-Pocket Losses, a *pro rata* cash fund payment of up to $1,000, and two (2) years of Credit Monitoring and Medical Shield services from CyEx.

Compensation for Unreimbursed Out-of-Pocket Losses. Participating Settlement Class Members can claim up to a total of $5,000 per person for Out-of-Pocket Losses reasonably incurred as a result of the Data Incident, including, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, and mileage.

Settlement Class Members submitting claims for Out-of-Pocket Losses must submit documentation reasonably supporting their claims. This can include receipts or other documentation that document the costs incurred but does not include documentation that is "self-prepared" by the claimant. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cash Fund Payment. All Settlement Class Members are eligible to make a claim for a *pro rata* cash fund payment. The *pro rata* cash fund payments will evenly distribute the net amount of the Settlement Fund to each Settlement Class Member who submits a timely and valid claim, up to a total amount of $1,000. The net amount of the Settlement Fund shall be the amount remaining after payment of all Approved Claims for Out-of-Pocket Losses, Credit Monitoring and Medical Shield services, Notice and Administration Expenses, any Fee and Expense Award, and Service Awards.

Credit Monitoring and Medical Shield. All Settlement Class Members are eligible to make a claim for two (2) years of Medical Shield Complete by CyEx, which includes comprehensive monitoring for the exposure of Settlement Class Members' medical information, at least one bureau of credit monitoring services, and $1 million in identity theft protection.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form.

First Name | Last Name

Street Address

City | State | Zip Code

Email Address | Phone Number | Notice ID (if known)

To verify your eligibility to participate in this settlement as a class member, you must provide the following information:

1. Are you a current employee or former employee of Laboratory Services Cooperative?	☐ Yes / ☐ No
2. Did you visit a Planned Parenthood health center and receive lab testing services?	☐ Yes / ☐ No
3. Did you pay for lab testing services on behalf of a patient who visited a Planned Parenthood health center?	☐ Yes / ☐ No

If you checked YES for questions 2 or 3, please provide the following information:

Patient First Name | Patient Last Name

City of Planned Parenthood Health Center Visited | State of Planned Parenthood Health Center Visited | Patient Date of Birth

II. COMPENSATION FOR OUT-OF-POCKET LOSSES

☐ Check this box if you are seeking **Compensation for Out-of-Pocket Losses** that were reasonably incurred as a result of the Data Incident.

You must submit supporting documentation demonstrating the actual unreimbursed expenses you are seeking reimbursement for, capped at $5,000 per Settlement Class Member.

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Complete the table below describing the supporting documentation you are submitting.

Description of Documentation Provided	*Amount*
Example: Freezing credit reports	*$40*
TOTAL AMOUNT CLAIMED:	

III. CASH FUND PAYMENT

☐ Check this box if you would like to receive a *pro rata* **Cash Fund Payment** up to $1,000.

IV. CREDIT MONITORING & MEDICAL SHIELD

☐ Check this box if you would like to receive two (2) years of **Medical Shield Complete by CyEx**. Be sure to provide your email address in Section I above.

V. PAYMENT SELECTION

Please select **one** of the following payment options if you are seeking a payment under Sections II or III.

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo -** Enter the mobile number associated with your Venmo account: __ __ __-__ __ __-__ __ __ __

☐ **Zelle -** Enter the mobile number or email address associated with your Zelle account:

Mobile Number: __ __ __-__ __ __-__ __ __ __ or Email Address: _____

☐ **Physical Check -** Payment will be mailed to the address provided in Section I above.

VI. ATTESTATION & SIGNATURE

I affirm that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

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SETTLEMENT CLAIM FORM

LSC CLAIM

Signature	Printed Name	Date

SUBMITTING A CLAIM FORM

Visit www.LSCDataSettlement.com to submit your Claim Form online and upload supporting documentation, if necessary. You may also print out and complete this Claim Form and submit it by U.S. mail to: LSC Data Incident Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

The deadline to submit a Claim Form online is November 24, 2026. If you are mailing your Claim Form, it must be mailed with a postmark date no later than November 24, 2026.