

EXHIBIT B

Pro Se Registration Affidavit

I, _____, hereby certify pursuant to 28 U.S.C. § 1746 as follows:

1. I represent myself in the following lawsuit:

Case Caption

Docket Number

Date Filed

2. I make this certification pursuant to Pretrial Order No. 31 entered in the current coordinated proceeding styled *In re: Vioxx® Products Liability Litigation*, MDL Docket No. 1657, now pending in the United States District Court for the Eastern District of Louisiana.

3. My date of birth, social security number, and current residential address are:

Date of Birth: ____/____/____

Social Security Number: _____

Current Address: _____

Street

City

State

Zip Code

Country

4. I claim that I sustained a personal injury as a result of taking Vioxx.

I have marked the category of my injury and specified the date and place of my injury below:

___ Myocardial Infarction or Sudden Cardiac Death

___ Ischemic Stroke (not a hemorrhagic stroke or a transient ischemic attack)

___ All other Injuries

Date of the specified injury: ____/____/____

Place of Injury: _____

5. I took Vioxx before my claimed injury. I have specifically checked the category below that corresponds to my duration of Vioxx use:

___ Duration of use up until the specified injury of 12 months or less

___ Duration of use up until the specified injury of more than 12 months

I certify under penalty of perjury that the foregoing is true and correct.

Dated: _____

Pro Se Claimant