

**MUST BE
POSTMARKED NO
LATER THAN
FEBRUARY 4, 2020**

**FOR INTERNAL USE
ONLY**

PROOF OF CLAIM AND RELEASE FORM

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of the action entitled *Forman v. Meridian Bioscience, Inc. et al.*, Case No. 1:17-cv-00774-SJD (S.D. Ohio) (the “Action”), you must be a Settlement Class Member and complete and sign this Proof of Claim and Release Form (“Claim Form”).

Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement.

YOU MUST MAIL BY FIRST-CLASS MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED ON OR BEFORE FEBRUARY 4, 2020, TO:

**Meridian Bioscience Sec. Litig
c/o A.B. Data, Ltd.
P.O. Box 173081
Milwaukee, WI 53217**

**Toll-Free Number: 800-331-8642
Email: info@meridiansecuritieslitigation.com
Settlement Website: www.meridiansecuritieslitigation.com**

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to receive any money in connection with the Settlement.

If you are a Settlement Class Member, you are bound by the terms of any judgment entered in the Action, REGARDLESS OF WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

Do not mail or deliver your Claim Form to the Court, the settling parties or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above.

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PART I – CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

Claimant Names(s) (as the name(s) should appear on check, if eligible for payment). If the shares are jointly owned, the names of all beneficial owners must be provided):

Name of Person the Claims Administrator Should Contact Regarding This Claim Form (Must be Provided):

Mailing Address – Line 1: Street Address/P.O. Box:

Mailing Address – Line 2 (If Applicable): Apartment/Suite/Floor Number:

City:

State/Province:

Zip Code/Postal Code (if outside U.S.):

Country:

Last 4 Digits of Claimant Social Security/Taxpayer Identification Number:¹

Daytime Telephone Number:

Evening Telephone Number:

Email Address (An email address is not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.):

¹ The last four digits of the Taxpayer Identification Number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and the telephone number of the beneficial owner(s) may be used in verifying this claim.

PART II – GENERAL INSTRUCTIONS

1. To recover as a Member of the Class based on your claims in connection with Settlement of the action entitled *Forman v. Meridian Bioscience, Inc. et al.*, Case No. 1:17-cv-00774-SJD (S.D. Ohio) (the “Action”), you must complete and sign this Proof of Claim and Release (“Proof of Claim”). If you fail to file a properly addressed (as set forth in paragraph 3 below) Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Litigation.
2. Submission of this Proof of Claim, however, does not ensure that you will share in the proceeds of the Settlement.
3. **YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, ON OR BEFORE FEBRUARY 4, 2020, ADDRESSED AS FOLLOWS:**

Meridian Bioscience Sec. Litigation
Claims Administrator
c/o A.B. Data, Ltd.
P.O. Box 173081
Milwaukee, WI 53217

If you are NOT a Member of the Class, as defined in the Notice of Proposed Settlement of Class Action (the “Notice”), DO NOT submit a Proof of Claim.

4. If you are a Member of the Class and you do not timely request exclusion in connection with the proposed Settlement, you will be bound by the terms of any judgment entered in the Litigation, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.

I. CLAIMANT IDENTIFICATION

If you purchased or acquired the common stock of Meridian Bioscience, Inc. (“Meridian Common Stock”) or exchange-traded call options on Meridian Common Stock (“Meridian Call Options”), or sold exchange-traded put options on Meridian Common Stock (“Meridian Put Options”), and were damaged thereby (the “Settlement Class”). Meridian Common Stock, Meridian Call Options, and Meridian Put Options are referred to collectively as “Meridian Securities” during the period from March 24, 2016, through and including October 23, 2017, use Part I of this form, entitled “Claimant Identification,” to list the claimant name, mailing address, and account information if relevant (such as for a claim submitted on behalf of an IRA, a trust, or an estate account). Please list the most current claimant or account name as you would like the information to appear on the check, if eligible for payment. Please also provide a telephone number and/or email address, as the Claims Administrator may need to contact you with questions about the claim submitted. If your Claimant Identification information changes, please notify the Claims Administrator in writing at the address above.

If you are acting in a representative capacity on behalf of a Class Member (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents or other documents which provide you with the authority to submit the claim. Please also indicate your representative capacity under your signature on page 4 of this claim form.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the Settlement website at www.meridiansecuritieslitigation.com or you may email the Claims Administrator’s electronic filing department at info@meridiansecuritieslitigation.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email to that effect after processing your file with your claim numbers and respective account information. **Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 30 days of your submission, you should contact the electronic filing department at info@meridiansecuritieslitigation.com to inquire about your file and confirm it was received and acceptable.**

II. CLAIM FORM

Use Parts III and IV of this form, entitled “Schedule of Transactions in Meridian Common Stock” and “Schedule of Transactions in Meridian Options” to supply all required details of your transaction(s) in Meridian securities. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

PART III – SCHEDULE OF TRANSACTIONS IN MERIDIAN COMMON STOCK

Complete this Part III if and only if you purchased/acquired Meridian Common Stock during the period from March 24, 2016 through and including October 23, 2017. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph 10, above. Do not include information in this section regarding securities other than Meridian Common Stock.

1. BEGINNING HOLDINGS – State the total number of shares of Meridian Common Stock held as of the opening of trading on March 24, 2016. (Must be documented.) If none, write “zero” or “0.”				Confirm Proof of Position Enclosed <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>				
2. PURCHASES/ACQUISITIONS DURING THE SETTLEMENT CLASS PERIOD – Separately list each and every purchase/acquisition (including free receipts) of Meridian Common Stock from after the opening of trading on March 24, 2016, through and including the close of trading on October 23, 2017. (Must be documented.)				
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
3. PURCHASES/ACQUISITIONS DURING THE 90-DAY LOOK-BACK PERIOD – State the total number of shares of Meridian Common Stock purchased/acquired (including free receipts) from after the opening of trading on October 24, 2017, through and including the close of trading on January 19, 2018. If none, write “zero” or “0.” ²				<input style="width: 150px; height: 20px;" type="text"/>
4. SALES DURING THE SETTLEMENT CLASS PERIOD AND DURING THE 90-DAY LOOK-BACK PERIOD – Separately list each and every sale/disposition (including free deliveries) of Meridian Common Stock from after the opening of trading on March 24, 2016, through and including the close of trading on January 19, 2018. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
5. ENDING HOLDINGS – STATE THE TOTAL NUMBER OF SHARES OF MERIDIAN COMMON STOCK HELD AS OF THE CLOSE OF TRADING ON JANUARY 19, 2018. (MUST BE DOCUMENTED.) IF NONE, WRITE “ZERO” OR “0.”				Confirm Proof of Position Enclosed <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>				

<p>IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX</p> <p>SIGN AND PRINT OR TYPE YOUR NAME ON EACH ADDITIONAL SHEET</p> <p>IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL <u>NOT</u> BE REVIEWED</p>	<input style="width: 40px; height: 20px;" type="checkbox"/>
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² **Please note:** Information requested with respect to your purchases/acquisitions of Meridian Common Stock from after the opening of trading on October 24, 2017, through and including the close of trading on January 19, 2018, is needed in order to balance your claim; purchases/acquisitions during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

PART IV – SCHEDULE OF TRANSACTIONS IN MERIDIAN OPTIONS

Complete this Part IV if and only if you purchased/acquired Meridian Options during the period from March 24, 2016 through and including October 23, 2017. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph 10, above. Do not include information in this section regarding securities other than Meridian Options.

1. BEGINNING HOLDINGS – Separately list all positions in Meridian Option contracts in which you had an open interest as of the opening of trading on March 24, 2016. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
Put/Call	Strike Price of Option Contract	Expiration Date of Option Contract (Month/Day/Year)	Number of Option Contracts in Which You Had an Open Interest	Insert an “E” if Exercised Insert an “X” if Expired
	\$	/ /		
	\$	/ /		
	\$	/ /		
	\$	/ /		

2. PURCHASES/ACQUISITIONS OF MERIDIAN OPTIONS – Separately list each and every purchase/acquisition (including free receipts) of Meridian Option contracts from after the opening of trading on March 24, 2016, through and including the close of trading on October 23, 2017. (Must be documented.)

Put/Call	Date of Purchase/Acquisition (Chronologically) (Month/Day/Year)	Strike Price of Option Contract	Expiration Date of Option Contract (Month/ Day/ Year)	Number of Option Contracts Purchased/ Acquired	Purchase Acquisition Price Per Option Contract	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Insert an “E” if Exercised Insert an “X” if Expired
	/ /	\$			\$	\$	
	/ /	\$			\$	\$	
	/ /	\$			\$	\$	
	/ /	\$			\$	\$	

3. SALES OF MERIDIAN OPTIONS – Separately list each and every sale/disposition (including free deliveries) of Meridian Option contracts from after the opening of trading on March 24, 2016, through and including the close of trading on October 23, 2017. (Must be documented.)

							IF NONE, CHECK HERE <input type="checkbox"/>
Put/Call	Date of Sale (Chronologically) (Month/Day/Year)	Strike Price of Option Contract	Expiration Date of Option Contract (Month/Day/ Year)	Number of Option Contracts Sold	Sale Price Per Option Contract	Total Sale Price (excluding taxes, commissions, and fees)	Insert an “E” if Exercised Insert an “X” if Expired
	/ /	\$	/ /		\$	\$	
	/ /	\$	/ /		\$	\$	
	/ /	\$	/ /		\$	\$	
	/ /	\$	/ /		\$	\$	

4. ENDING HOLDINGS – Separately list all positions in Meridian Option contracts that you held long as of the close of trading on October 23, 2017 in which you had an open interest as of the expiration date. (Must be documented.)	IF NONE, CHECK HERE <input type="checkbox"/>
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Put/Call	Strike Price of Option Contract	Expiration Date of Option Contract (Month/Day/Year)	Number of Option Contracts in Which You Had an Open Interest
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS AND THE PRECEDING PAGE AND CHECK THIS BOX SIGN AND PRINT OR TYPE YOUR NAME ON EACH ADDITIONAL SHEET IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED	<input style="width: 50px; height: 30px;" type="checkbox"/>
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PART V - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 7 OF THIS CLAIM FORM.

I (we) hereby acknowledge that as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, affiliates and assigns, shall be deemed to have, and by operation of law and of the Judgment shall have, fully, finally and forever compromised, settled, released, resolved, relinquished, waived, discharged and dismissed each and every Released Claim against each and all of the Released Defendants (as defined in the Stipulation and in the Notice) and shall forever be barred and enjoined from prosecuting any or all of the Released Claims against any of the Released Defendants.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the release above and certifies (certify) as follows:

1. That I (we) have read and understand the contents of the Notice and this Claim Form, including the Releases provided for in the Stipulation and Settlement and the terms of the Plan of Allocation;
2. That the claimant(s) is a (are) Settlement Class Member(s), as defined in the Notice and in paragraph 2 on page 3 of this Claim Form, and is (are) not excluded from the Settlement Class by definition or pursuant to request as set forth in the Notice and in paragraph 3 on page 3 of this Claim Form;
3. That I (we) own(ed) the Meridian Common Stock and Meridian Call Options and had an interest in the Meridian Put Options identified in the Claim Form and have not assigned the claim against the Defendants to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
4. That the claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of Meridian Common Stock or Meridian Call Options, or sales of Meridian Put Options, and knows (know) of no other person having done so on the claimant's (claimants') behalf;
5. That the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') claim and for purposes of enforcing the Releases set forth herein;
6. That I (we) agree to furnish such additional information with respect to this Claim Form as Plaintiff's Counsel, the Claims Administrator or the Court may require;
7. That the claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;
8. That I (we) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any claim released pursuant to the Release above or any other part or portion thereof;
9. That I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and

REMINDER CHECKLIST:

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
3. Please do not use red pen or highlighter on any portion of the Claim Form or any supporting documents.
4. Do not send original security certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Claim Form and documentation for your own records.
6. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested.
7. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@meridiansecuritieslitigation.com, or toll-free at 800-331-8642, or visit www.meridiansecuritieslitigation.com.

Please DO NOT call Meridian or any of the other Defendants or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTMARKED NO LATER THAN FEBRUARY 4, 2020, ADDRESSED AS FOLLOWS:

Meridian Bioscience Sec. Litig
c/o A.B. Data, Ltd.
P.O. Box 173081
Milwaukee, WI 53217

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before February 4, 2020 is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully and accurately process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address