

**Must be Postmarked
No Later Than
January 29, 2009**

**American Pharmaceutical Partners, Inc. Settlement
c/o The Garden City Group, Inc.
PO Box 9312
Dublin, OH 43017-4212
1-800-726-4120**



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

IF YOU OWNED SHARES OF APP PHARMACEUTICALS, INC. (“APP”) OR ABRAXIS BIOSCIENCE (“ABRAXIS”) AS OF THE TIME IMMEDIATELY PRIOR TO THE CONSUMMATION OF THE ACQUISITION OF APP BY FRESENIUS KABI ON SEPTEMBER 10, 2008, YOU MAY BE ELIGIBLE TO RECEIVE A SHARE OF THE \$14.3 MILLION SETTLEMENT.

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SECTION A - CLAIMANT INFORMATION

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Last 4 digits of Claimant Social Security Number/Taxpayer ID Number:

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

Street Address:

City:

State and Zip Code:

Country (Other than U.S.):

Daytime Telephone Number: () -

Evening Telephone Number: () -

Email Address:

(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.)

IF YOU FAIL TO SUBMIT A **COMPLETE** CLAIM BY JANUARY 29, 2009 YOUR CLAIM IS SUBJECT TO REJECTION
OR YOUR PAYMENT MAY BE DELAYED.

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. All Claimants **MUST** submit a manually signed paper Proof of Claim form listing all their transactions, whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-800-726-4120, or visit its website at www.gardencitygroup.com, to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.



SECTION B - SHARE OWNERSHIP

IF YOU OWNED SHARES OF APP OR ABRAXIS AS OF THE TIME IMMEDIATELY PRIOR TO THE CONSUMMATION OF THE ACQUISITION OF APP BY FRESENIUS KABI ON SEPTEMBER 10, 2008, YOU MAY BE ELIGIBLE TO RECEIVE A SHARE OF THE \$14.3 MILLION SETTLEMENT.

Number of shares of APP (NASDAQ: APPX) common stock owned as of the time immediately prior to the consummation of the acquisition of APP by Fresenius Kabi on September 10, 2008:

Number of shares of Abraxis (NASDAQ: ABII) common stock owned as of the time immediately prior to the consummation of the acquisition of APP by Fresenius Kabi on September 10, 2008:

YOU MUST SUPPLY SUPPORTING DOCUMENTATION TO VERIFY THE ABOVE INFORMATION OR YOUR CLAIM WILL BE SUBJECT TO REJECTION.

SECTION C - RELEASE AND SIGNATURE

SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I submit this Proof of Claim and Release under the terms of the Settlement Agreement described in the Notice. I submit to the jurisdiction of the Court of Chancery of the State of Delaware with respect to my claim as a Class member and for purposes of enforcing the release set forth herein. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in this Action. I agree to furnish additional information to Class Counsel or the Claims Administrator to support this claim, including details of transactions in other Abraxis and/or APP securities, such as options, if requested to do so. I have not submitted any other claim covering the same purchases or sales of Abraxis or APP common stock during the Class Period and know of no other person having done so on my behalf.

RELEASE

1. I hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, relinquish and discharge from the Released Claims, each and all of the Released Persons from all claims arising out of or in connection with the institution, prosecution, or assertion of the Action or the Released Claims.

2. I hereby covenant not to sue the Released Persons in any action alleging any Released Claims, and hereby acknowledge that I am forever enjoined and barred from asserting any of the Released Claims against any of the Released Persons in any action or proceeding of any nature, whether or not I participate in the Settlement, file an objection to the Settlement, the proposed Plan of Allocation, or any application by Class Counsel for an award of attorneys' fees and expenses, and whether or not my claim is approved or allowed.

3. I stipulate and agree, and do hereby fully, finally, and forever waive and relinquish, to the fullest extent permitted by law, the provisions, rights, and benefits of Section 1542 of the California Civil Code, which provides:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

I further stipulate and agree, and do hereby fully, finally, and forever waive any and all provisions, rights and benefits conferred by the law of any state or territory of the United States, or principle of common law, which is similar, comparable or equivalent to Section 1542 of the California Civil Code. I expressly acknowledge that the foregoing waivers were bargained for and constitute key elements of this Settlement.



4. This release shall be of no force or effect unless and until the Court approves the Settlement Agreement and the Settlement becomes effective on the Effective Date (as defined in the Settlement Agreement).

5. I hereby warrant and represent that I have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

6. I hereby warrant and represent that I owned shares of Abraxis and/or APP common stock at the time immediately prior to the consummation of the acquisition of APP by Fresenius Kabi on September 10, 2008.

CERTIFICATION OF ACCURACY

A CLASS MEMBER (OR AUTHORIZED REPRESENTATIVE OF A CLASS MEMBER) MUST SIGN THIS PROOF OF CLAIM FORM IN ORDER TO RECEIVE SETTLEMENT BENEFITS.

I certify, under penalty of perjury, to the best of my knowledge, information and belief, that the information on this Claim Form (and any additional sheets) is true and correct, and that I owned the indicated number of shares of common stock of APP or Abraxis as of the time immediately prior to the consummation of the acquisition of APP by Fresenius Kabi on September 10, 2008.

(Sign your name here)

(Type or print your name here)

(Joint owner sign your name here)

(Joint owner type or print your name here)

(Capacity of persons signing, e.g., Beneficial Purchaser, Executor or Administrator)

**ACCURATE CLAIM PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

REMINDER CHECKLIST

1. Please sign the Certification Section of the Proof of Claim and Release form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim and Release by mail, within 45 days. Your claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 45 days, please call the Claims Administrator toll free at 1-800-726-4120.
7. If you move, please send us your new address.
8. **Do not use highlighter on the Proof of Claim and Release form or supporting documentation.**

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN
JANUARY 29 , 2009 AND MUST BE MAILED TO:

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c/o The Garden City Group, Inc.
PO Box 9312
Dublin, OH 43017-4212