

# PUBLIC HEALTH SERVICE

## Amendment

This **Agreement** is based on the model Amendment Agreement adopted by the U.S. Public Health Service (“**PHS**”) Technology Transfer Policy Board for use by components of the National Institutes of Health (“**NIH**”), the Centers for Disease Control and Prevention (“**CDC**”), and the Food and Drug Administration (“**FDA**”), which are agencies of the **PHS** within the Department of Health and Human Services (“**HHS**”).

This Cover Page identifies the Parties to this **Agreement**:

The U.S. Department of Health and Human Services, as represented by

[Insert the full name of the IC]

an Institute or Center (hereinafter referred to as the “**IC**”) of the

[INSERT as appropriate: NIH, CDC, or FDA]

and

[Insert Company’s official name],

hereinafter referred to as the “**Licensee**”,

having offices at [Insert Company’s address],

created and operating under the laws of [Insert State of Incorporation].

**Tax ID No.:** \_\_\_\_\_

**X AMENDMENT TO L-XXX-200X/0**

This is the \_\_\_\_ amendment (“\_\_\_\_ **Amendment**”) of the agreement by and between the **IC** and **Licensee** having an effective date of \_\_\_\_ and having **IC** Reference Number L-XXX-200X/X (“**Agreement**”). This \_\_\_\_ **Amendment**, having **IC** Reference Number L-XXX-200X/X includes, in addition to the amendments made below, 1) a Signature Page, 2) Attachment 1 (Shipping Information) and 3) Attachment 2 (Royalty Payment Information).

WHEREAS, the **IC** and the **Licensee** desire that the **Agreement** be amended a \_\_\_\_\_ time as set forth below in order to **“reason for amendment.”**

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, the **IC** and the **Licensee**, intending to be bound, hereby mutually agree to the following:

- 1) XXXXXXXX.
- 2) XXXXXXXX.
- 3) Within sixty (60) days of the execution of this \_\_\_\_\_ **Amendment**, the **Licensee** shall pay the **IC** an amendment issue royalty in the sum of XXXX US Dollars (\$XXXXX), and payment options may be found in Attachment 2.
- 4) In the event any provision(s) of the **Agreement** is/are inconsistent with Attachment 1 and/or 2, such provision(s) is/are hereby amended to the extent required to avoid such inconsistency and to give effect to the shipping and payment information in such Attachment 1 and/or 2.
- 5) All terms and conditions of the **Agreement** not herein amended remain binding and in effect.
- 6) The terms and conditions of this \_\_\_\_\_ **Amendment** shall, at the **IC**'s sole option, be considered by the **IC** to be withdrawn from the **Licensee**'s consideration and the terms and conditions of this \_\_\_\_\_ **Amendment**, and the \_\_\_\_\_ **Amendment** itself, to be null and void, unless this \_\_\_\_\_ **Amendment** is executed by the **Licensee** and a fully executed original is received by the **IC** within sixty (60) days from the date of the **IC**'s signature found at the Signature Page.
- 7) This \_\_\_\_\_ **Amendment** is effective on \_\_\_\_\_ upon execution by all parties.

**SIGNATURES BEGIN ON NEXT PAGE**

**X AMENDMENT TO L-XXX-200X/0**

**SIGNATURE PAGE**

In Witness Whereof, the parties have executed this \_\_\_\_\_ **Amendment** on the dates set forth below. Any communication or notice to be given shall be forwarded to the respective addresses listed below.

For the **IC**:

\_\_\_\_\_ **DRAFT** \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_  
Office \_\_\_\_\_  
National Institutes of Health

Address for Agreement notices and reports:

E-mail: [LicenseNotices\\_Reports@mail.nih.gov](mailto:LicenseNotices_Reports@mail.nih.gov) (preferred)

Mail: License Compliance and Administration  
Monitoring & Enforcement  
Office of Technology Transfer  
National Institutes of Health  
6701 Rockledge Drive, Suite 700, MS 7788  
Bethesda, Maryland 20892 U.S.A.

(For courier deliveries please check <https://www.ott.nih.gov/licensing/license-noticesreports>)

Checks drawn on a foreign bank account should be sent directly to the following address:

National Institutes of Health  
Office of Technology Transfer  
License Compliance and Administration  
Royalty Administration  
6701 Rockledge Drive, Suite 700, MS 7788  
Bethesda, Maryland 20892 U.S.A.

For the **Licensee** (Upon information and belief, the undersigned expressly certifies or affirms that the contents of any statements of the **Licensee** made or referred to in this document are truthful and accurate.):

\_\_\_\_\_ **DRAFT** \_\_\_\_\_  
Signature of Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

Name:  
Title:

A-XXX-201X

I. Official and Mailing Address for **Agreement** notices:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

II. Official and Mailing Address for Financial notices (the **Licensee's** contact person for royalty payments):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Any false or misleading statements made, presented, or submitted to the **Government**, including any relevant omissions, under this **Agreement** and during the course of negotiation of this **Agreement** are subject to all applicable civil and criminal statutes including Federal statutes [31 U.S.C. §§3801-3812](#) (civil liability) and [18 U.S.C. §1001](#) (criminal liability including fine(s) or imprisonment).

**ATTACHMENT 1 – SHIPPING INFORMATION**

**The Licensee's Shipping Contact:** information or questions regarding shipping should be directed to the Licensee's Shipping Contact at:

\_\_\_\_\_

Shipping Contact's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone: () \_\_\_\_\_ Fax: () \_\_\_\_\_ E-mail: \_\_\_\_\_

**Shipping Address:** Name & Address to which Materials should be shipped (please be specific):

\_\_\_\_\_

Company Name & Department

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Licensee's shipping carrier and account number to be used for shipping purposes:

\_\_\_\_\_

**ATTACHMENT 2 – ROYALTY PAYMENT INFORMATION**

New Payment Options Effective March 2018

**The License Number MUST appear on payments, reports and correspondence.**

**Credit and Debit Card Payments:** Credit and debit card payments can be submitted for amounts up to \$24,999. Submit your payment through the U.S. Treasury web site located at:

<https://www.pav.gov/public/form/start/28680443>.

**Automated Clearing House (ACH) for payments through U.S. banks only**

The IC encourages its licensees to submit electronic funds transfer payments through the Automated Clearing House (ACH). Submit your ACH payment through the U.S. Treasury web site located at:

<https://www.pay.gov/public/form/start/28680443>. Please note that the IC "only" accepts ACH payments through this U.S. Treasury web site.

**Electronic Funds Wire Transfers:** The following account information is provided for wire payments. In order to process payment via Electronic Funds Wire Transfer sender MUST supply the following information within the transmission:

Drawn on a **U.S. bank account** via FEDWIRE:

Please provide the following instructions to your Financial Institution for the remittance of Fedwire payments to the **NIH ROYALTY FUND**.

Fedwire Field Tag	Fedwire Field Name	Required Information
{1510}	Type/Subtype	<b>1000</b>
{2000}	Amount	<i>(enter payment amount)</i>
{3400}	Receiver ABA routing number*	<b>021030004</b>
{3400}	Receiver ABA short name	<b>TREAS NYC</b>
{3600}	Business Function Code	<b>CTR (or CTP)</b>
{4200}	Beneficiary Identifier (account number)	<i>(enter 12 digit gateway account #)</i> <b>875080031006</b>
{4200}	Beneficiary Name	<i>(enter agency name associated with the Beneficiary Identifier)</i> <b>DHHS / NIH (75080031)</b>
{5000}	Originator	<i>(enter the name of the originator of the payment)</i> <b>COMPANY NAME</b>
{6000}	Originator to Beneficiary Information – Line 1	<i>(enter information to identify the purpose of the payment)</i> <b>ROYALTY</b>
{6000}	Originator to Beneficiary Information – Line 2	<i>(enter information to identify the purpose of the payment)</i> <b>LICENSE NUMBER</b>
{6000}	Originator to Beneficiary Information – Line 3	<i>(enter information to identify the purpose of the payment)</i> <b>INVOICE NUMBER</b>
{6000}	Originator to Beneficiary Information – Line 4	<i>(enter information to identify the purpose of the payment)</i>

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Fedwire Field Tag	Fedwire Field Name	Required Information
Notes: *The financial institution address for Treasury's routing number is 33 Liberty Street, New York, NY 10045.		

**Agency Contacts:** Office of Technology Transfer (OTT) (301) 496-7057 [OTT-Royalties@mail.nih.gov](mailto:OTT-Royalties@mail.nih.gov)

Drawn on a **foreign bank account** via FEDWIRE:

The following instructions pertain to the Fedwire Network. Deposits made in US Dollars (USD).

Should your remitter utilize a correspondent US domestic bank in transferring electronic funds, the following Fedwire instructions are applicable.

Fedwire Field Tag	Fedwire Field Name	Required Information
{1510}	Type/Subtype	<b>1000</b>
{2000}	Amount	<i>(enter payment amount)</i>
{3100}	Sender Bank ABA routing number	<i>(enter the US correspondent bank's ABA routing number)</i>
{3400}	Receiver ABA routing number*	<b>021030004</b>
{3400}	Receiver ABA short name	<b>TREAS NYC</b>
{3600}	Business Function Code	<b>CTR (or CTP)</b>
{4200}	Beneficiary Identifier (account number)**	<i>(enter 12 digit gateway account #)</i> <b>875080031006</b>
{4200}	Beneficiary Name	<i>(enter agency name associated with the Beneficiary Identifier)</i> <b>DHHS / NIH (75080031)</b>
{5000}	Originator	<i>(enter the name of the originator of the payment)</i> <b>COMPANY'S NAME</b>
{6000}	Originator to Beneficiary Information – Line 1	<i>(enter information to identify the purpose of the payment)</i> <b>ROYALTY</b>
{6000}	Originator to Beneficiary Information – Line 2	<i>(enter information to identify the purpose of the payment)</i> <b>LICENSE NUMBER</b>
{6000}	Originator to Beneficiary Information – Line 3	<i>(enter information to identify the purpose of the payment)</i> <b>INVOICE NUMBER</b>
{6000}	Originator to Beneficiary Information – Line 4	<i>(enter information to identify the purpose of the payment)</i>
Notes: *The financial institution address for Treasury's routing number is 33 Liberty Street, New York, NY 10045. **Anything other than the 12 digit gateway account # will cause the Fedwire to be returned – <b>SWIFT CODE: FRNYUS33</b>		

**Agency Contacts:**

Office of Technology Transfer (OTT) (301) 496-7057 [OTT-Royalties@mail.nih.gov](mailto:OTT-Royalties@mail.nih.gov)

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**Checks**

All checks should be made payable to “NIH Patent Licensing”

Checks drawn on a **U.S. bank account** and sent by US Postal Service should be sent directly to the following address:

National Institutes of Health  
P.O. Box 979071  
St. Louis, MO 63197-9000

Checks drawn on a U.S. bank account and sent by **overnight or courier** should be sent to the following address:

US Bank  
Government Lockbox SL-MO-C2GL  
1005 Convention Plaza  
St. Louis, MO 63101  
Phone: 314-418-4087

Checks drawn on a **foreign bank account** should be sent directly to the following address:

National Institutes of Health  
Office of Technology Transfer  
License Compliance and Administration  
Royalty Administration  
6011 Executive Boulevard  
Suite 325, MSC 7660  
Rockville, Maryland 20852