

NATIONAL INSTITUTES OF HEALTH

X AMENDMENT TO L-XXX-200X/0

Tax ID No.: _____

This is the ____ amendment (“____ **Amendment**”) of the agreement by and between the National Institutes of Health (“**NIH**”) within the Department of Health and Human Services (“**HHS**”), and ____ having an effective date of ____ and having **NIH** Reference Number L-XXX-200X/X (“**Agreement**”). This ____ **Amendment**, having **NIH** Reference Number L-XXX-200X/X, is made between the **NIH** through the Office of Technology Transfer, **NIH**, having an address at 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804, U.S.A., and _____, having an office at _____ (the “**Licensee**”). This ____ **Amendment** 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 **NIH** 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 **NIH** 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 **NIH** an amendment issue royalty in the sum of XXXX US Dollars (\$XXXX), 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and conditions of this _____ **Amendment** shall, at the **NIH**’s sole option, be considered by the **NIH** to be withdrawn from the **Licensee**’s consideration and the terms and conditions of this _____ **Amendment**, and the _____ **Amendment** itself, to be null and void, unless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 **NIH** within sixty (60) days from the date of the **NIH**’s signature found at the Signature Page.
- 7) This _____ **Amendment** is effective on _____ upon execution by all parties.

SIGNATURES BEGIN ON NEXT PAGE

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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 **NIH**:

_____ **DRAFT** _____
Name _____ Date _____
Title _____
Office _____
National Institutes of Health

Address for Agreement notices and reports:

E-mail: 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:

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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).

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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 OPTIONS

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 | 1000 |
| {2000} | Amount | <i>(enter payment amount)</i> |
| {3400} | Receiver ABA routing number* | 021030004 |
| {3400} | Receiver ABA short name | TREAS NYC |
| {3600} | Business Function Code | CTR (or CTP) |
| {4200} | Beneficiary Identifier (account number) | <i>(enter 12 digit gateway account #)</i> 875080031006 |
| {4200} | Beneficiary Name | <i>(enter agency name associated with the Beneficiary Identifier)</i> DHHS / NIH (75080031) |
| {5000} | Originator | <i>(enter the name of the originator of the payment)</i> COMPANY NAME |
| {6000} | Originator to Beneficiary Information – Line 1 | <i>(enter information to identify the purpose of the payment)</i> ROYALTY |
| {6000} | Originator to Beneficiary Information – Line 2 | <i>(enter information to identify the purpose of the payment)</i> LICENSE NUMBER |
| {6000} | Originator to Beneficiary Information – Line 3 | <i>(enter information to identify the purpose of the payment)</i> INVOICE NUMBER |
| {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 <u>33 Liberty Street, New York, NY 10045</u> . | | |

Agency Contacts: Office of Technology Transfer (OTT) (301) 496-7057 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 | 1000 |
| {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* | 021030004 |
| {3400} | Receiver ABA short name | TREAS NYC |
| {3600} | Business Function Code | CTR (or CTP) |
| {4200} | Beneficiary Identifier (account number)** | <i>(enter 12 digit gateway account #)</i> 875080031006 |
| {4200} | Beneficiary Name | <i>(enter agency name associated with the Beneficiary Identifier)</i> DHHS / NIH (75080031) |
| {5000} | Originator | <i>(enter the name of the originator of the payment)</i> COMPANY'S NAME |
| {6000} | Originator to Beneficiary Information – Line 1 | <i>(enter information to identify the purpose of the payment)</i> ROYALTY |
| {6000} | Originator to Beneficiary Information – Line 2 | <i>(enter information to identify the purpose of the payment)</i> LICENSE NUMBER |
| {6000} | Originator to Beneficiary Information – Line 3 | <i>(enter information to identify the purpose of the payment)</i> INVOICE NUMBER |
| {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 <u>33 Liberty Street, New York, NY 10045</u> . **Anything other than the 12 digit gateway account # will cause the Fedwire to be returned – SWIFT CODE: FRNYUS33 | | |

Agency Contacts:

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

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