**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. XXXXXXX.
2. XXXXXXX.
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 withdrawnfrom 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 executedby 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

Mailing Address or E-mail Address for **Agreement** notices and reports:

License Compliance and Administration

Monitoring & Enforcement

Office of Technology Transfer

National Institutes of Health

6011 Executive Boulevard, Suite 325

Rockville, Maryland  20852-3804 U.S.A.

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

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:

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

Name

Title

Mailing Address:

Email Address:

Phone:

Fax:

1. 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](http://frwebgate.access.gpo.gov/cgi-bin/usc.cgi?ACTION=BROWSE&TITLE=31USCSIII&PDFS=YES) (civil liability) and [18 U.S.C. §1001](http://frwebgate.access.gpo.gov/cgi-bin/usc.cgi?ACTION=RETRIEVE&FILE=$$xa$$busc18.wais&start=1925859&SIZE=10370&TYPE=TEXT) (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.pay.gov/public/form/start/28680443**](https://www.pay.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 | *(enter payment amount)* |
| {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) | *(enter 12 digit gateway account #)*  **875080031006** |
| {4200} | Beneficiary Name | *(enter agency name associated with the Beneficiary Identifier)*  **DHHS / NIH (75080031)** |
| {5000} | Originator | *(enter the name of the originator of the payment)*  **COMPANY NAME** |
| {6000} | Originator to Beneficiary Information – Line 1 | *(enter information to identify the purpose of the payment)*  **ROYALTY** |
| {6000} | Originator to Beneficiary Information – Line 2 | *(enter information to identify the purpose of the payment)*  **LICENSE NUMBER** |
| {6000} | Originator to Beneficiary Information – Line 3 | *(enter information to identify the purpose of the payment)*  ***INVOICE NUMBER*** |
| {6000} | Originator to Beneficiary Information – Line 4 | *(enter information to identify the purpose of the payment)* |
| 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 | **1000** |
| {2000} | Amount | *(enter payment amount)* |
| {3100} | Sender Bank ABA routing number | *(enter the US correspondent bank’s ABA routing number)* |
| {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)\*\* | *(enter 12 digit gateway account #)*  **875080031006** |
| {4200} | Beneficiary Name | *(enter agency name associated with the Beneficiary Identifier)*  **DHHS / NIH (75080031)** |
| {5000} | Originator | *(enter the name of the originator of the payment)*  **COMPANY’S NAME** |
| {6000} | Originator to Beneficiary Information – Line 1 | *(enter information to identify the purpose of the payment)*  **ROYALTY** |
| {6000} | Originator to Beneficiary Information – Line 2 | *(enter information to identify the purpose of the payment)*  **LICENSE NUMBER** |
| {6000} | Originator to Beneficiary Information – Line 3 | *(enter information to identify the purpose of the payment)*  ***INVOICE NUMBER*** |
| {6000} | Originator to Beneficiary Information – Line 4 | *(enter information to identify the purpose of the payment)* |
| 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 – **SWIFT CODE: FRNYUS33** | | |

**Agency Contacts**:

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