

# NATIONAL INSTITUTES OF HEALTH

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

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 (\$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and conditions of this \_\_\_\_\_ **Amendment** shall, at the **NIH**'s sole option, be considered by the **NIH** to be withdrawn from the **Licensee**'s consideration and the terms and conditions of this \_\_\_\_\_ **Amendment**, and the \_\_\_\_\_ **Amendment** itself, to be null and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**

A-XXX-201X

**CONFIDENTIAL -NIH**

\_\_\_\_ Amendment of L-XXX-200X/0  
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DATE

**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 **NIH**:

\_\_\_\_\_ **DRAFT** \_\_\_\_\_  
Richard U. Rodriguez  
Director, Division of Technology Development and Transfer  
Office of Technology Transfer  
National Institutes of Health  
Date \_\_\_\_\_

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

Chief, Monitoring & Enforcement Branch, DTD  
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:

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Mailing Address:

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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 OPTIONS**

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

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

The **NIH** 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**. Locate the "**NIH** Agency Form" through the Pay.gov "Agency List".

**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 should be sent directly to the following account:

Beneficiary Account:	Federal Reserve Bank of New York or TREAS NYC
Bank:	Federal Reserve Bank of New York
ABA#	021030004
Account Number:	75080031
Bank Address:	33 Liberty Street, New York, NY 10045
Payment Details:	License Number (L-XXX-XXXX) Name of the Licensee

Drawn on a **foreign bank account** should be sent directly to the following account. Payment must be sent in **U.S. Dollars (USD)** using the following instructions:

Beneficiary Account:	Federal Reserve Bank of New York/ITS or FRBNY/ITS
Bank:	Citibank N.A. (New York)
SWIFT Code:	CITIUS33
Account Number:	36838868
Bank Address:	388 Greenwich Street, New York, NY 10013
Payment Details (Line 70):	<b>NIH</b> 75080031 License Number (L-XXX-XXXX) Name of the Licensee
Detail of Charges (line 71a):	Charge Our

## **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 (**NIH**)  
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 (**NIH**)  
Office of Technology Transfer  
Royalties Administration Unit  
6011 Executive Boulevard  
Suite 325, MSC 7660  
Rockville, Maryland 20852