

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-20XX-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-20XX-X (“**Agreement**”). This ____ **Amendment**, having **IC** Reference Number L-XXX-20XX-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 (\$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 **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 (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>)

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:

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

Checks are no longer accepted.

New Payment Options Effective September 2024

The License Number (L-xxx-xxxx-x) MUST appear on payments, reports, and correspondence.

Agency Contacts: Office of Technology Transfer (OTT) OTT-Royalties@mail.nih.gov

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>.

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 (L-xxx-xxxx-x)
{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 33 Liberty Street, New York, NY 10045.
- **Anything other than the 12-digit gateway account # will cause the Fedwire to be returned.

Drawn on a **non-US 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}{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 (L-xxx-xxxx-x)
{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>
<p>Notes:</p> <p>*The financial institution address for Treasury's routing number is 33 Liberty Street, New York, NY 10045.</p> <p>**Anything other than the 12-digit gateway account # will cause the Fedwire to be returned.</p> <p>SWIFT CODE: FRNYUS33</p>		

CONFIDENTIAL L-XXX-20XX/0

___ Amendment of L-XXX-20XX/0

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Automated Clearing House (ACH)

The IC encourages its licensees to submit electronic funds transfer payments through the Automated Clearing House (ACH). ACH payments can be submitted by two methods: Pay.gov (for US banks only) or standard ACH payment (US and non-US banks accepted).

Pay.gov: ACH payments can be submitted for US banks only. Submit your ACH payment through the U.S. Treasury web site located at: <https://www.pay.gov/public/form/start/28680443>.

Standard ACH: credits can be submitted for payments up to \$99,999,999 for US and International banks. Please provide the following instructions to your Financial Institution for the remittance of Automated Clearing House (ACH) credits to the United States Department of Health of Human Services - National Institutes of Health (NIH):

Drawn on a **US** or **non-US bank account** via standard ACH:

NACHA Record Type Code	NACHA Field	NACHA Data Element Name	Required Information
5	3	Company Name	<i>(enter the name of the payor)</i>
5	6	Standard Entry Class Code	CTX
5	9	Effective Entry Date	<i>(enter intended settlement date)</i>
6	2	Transaction Code*	22
6	3 & 4	Receiving DFI Identification (ABA routing #)	051036706
6	5	DFI Account Number	875080031006
6	6	Amount	<i>(enter payment amount)</i>
6	8	Receiving Company Name	<i>(enter the identifying information)</i>
7	3	Payment Related Information	<i>(see format instructions below)</i>

Additional Payment Related Information should be included in NACHA Record 7 Field 3 and must conform to the ANSI ASC X12 standards using the EDI 820 Transaction Set Data Segments. A sample format follows.

Segment Contents	Element Descriptions
RMR*AR*License number**Amount being paid\N1*8R*Licensee Name**RMR*AR*license number 2**Amount being Paid 2\N1*8R*Licensee Name2**	<p><u>DATA SEGMENT</u> - Remittance Advice Accounts Receivable RMR * (delimiter) Reference Identification Qualifier: AR Accounts Receivable Number * (delimiter) License number (L-xxx-xxxx-x) * (delimiter) * (delimiter) Monetary Amount: Amount being paid \ (segment terminator) <u>DATA SEGMENT</u> - Name: N1 * (delimiter) Entity Identifier Code: 8R Identifies customer * (delimiter) Name: Licensee name \ (segment terminator)</p>
<p><u>Example:</u> Licensee LLC with Licensee number L-xxx-20xx-x pays \$1,000.00 RMR*AR*L-xxx-20xx-x**1000.00\N1*8R*Licensee LLC \</p>	

ACH debits are not permitted to this ABA routing number. All debits received will be automatically rejected/returned.

Agency Contacts: Office of Technology Transfer (OTT) OTT-Royalties@mail.nih.gov