

AMENDMENT

		MedImmune, LLC One MedImmune Way Gaithersburg, MD 20878	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Page 1 of 1</td> <td style="width:50%;">Date</td> </tr> <tr> <td>Amendment Number</td> <td>P.O. Number</td> </tr> <tr> <td colspan="2">Contract & Date ("Contract"):</td> </tr> </table>	Page 1 of 1	Date	Amendment Number	P.O. Number	Contract & Date ("Contract"):	
Page 1 of 1	Date								
Amendment Number	P.O. Number								
Contract & Date ("Contract"):									
Contractor Name & Address ("Contractor")		THE TERMS AND CONDITIONS FORMING THE ORIGINAL CONTRACT ARE MADE A PART OF THIS AMENDMENT EXCEPT TO THE EXTENT EXPRESSLY MODIFIED BY THIS AMENDMENT.							

Contract is amended as follows:

1.0 PURPOSE

In consideration for MedImmune placing orders from Contractor in furtherance of MedImmune's prime contract with the United States Department of Health and Human Services, Contractor agrees to incorporate the terms and conditions within the CONTRACT NO. HHSO100200900002I (H1N1) FLOWDOWN REQUIREMENTS FOR COMMERCIAL ITEM CONTRACTS ("Flowdowns") available at http://www.medimmune.com/govt_tandc.asp, incorporated herein by reference, into the Contract. Contractor further agrees to comply with the terms and conditions set forth in the Flowdowns during performance of the Contract. Should a conflict arise between the Flowdowns terms and conditions and the terms and conditions of the original Contract (as previously amended), Contractor and MedImmune agree that the terms of the Flowdowns shall take precedence.

2.0 SCOPE OF WORK

The scope of work is modified as required to comply with the Flowdowns.

3.0 PRICING

Unmodified.

4.0 TIME OF PERFORMANCE

Unmodified.

5.0 TERMS AND CONDITIONS

Except as herein amended, all other terms and conditions of the Contract shall remain unchanged and in full force and effect.

6.0 EXECUTION

Contractor's authorized representative shall sign this original Contract Amendment.

CONTRACTOR	MedImmune, LLC.
SIGNATURE _____	SIGNATURE _____
NAME: _____	NAME: _____
DATE SIGNED _____	DATE SIGNED _____
AUTHORIZED REPRESENTATIVE	AUTHORIZED REPRESENTATIVE