OGC# 65432

Yutaline Peña
Tel: 862-778-5013
Fax: 973 781-3035
Email: yutaline.pena@novartis.com

Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, NJ 07936-1080

Tel 862 778 8300

NOVARTIS

March 22, 2007

BethLynn Maxwell, J.D.
The University of Texas System
201 West Seventh Street
Austin, TX 78701

Re: Amendment#2 to Master Clinical Trial Agreement

Dear BethLynn:

Enclosed herein please find one fully executed original Amendment #2 to the Master Clinical Trial Agreement, between THE UNIVERSITY OF TEXAS AND NOVARTIS PHARMACEUTICAL CORPORATION. Thank you for your assistance in completing this amendment.

The purpose of Amendment#2 is to amend the terms of the Master Clinical Trial Agreement Article 7G. Confidential Information.

Should you have any questions, please do not hesitate to contact me.

Respectfully,

Yutaline Peña

Yutaline Peña
Administrative Assistant
Clinical Study Start-Up
Medical Operations - US CD&MA

Enclosure

cc. Ann Koch

NOVARTIS PHARMACEUTICALS CORPORATION
East Hanover, NJ 07936

MASTER CLINICAL TRIAL AGREEMENT (CTA) - AMENDMENT 2

The following is Amendment # 2 ("Amendment #2") to the Master Clinical Trial Agreement dated January 1, 2004 and amended on April 14, 2004 between Novartis Pharmaceuticals Corporation ("Novartis") and The University of Texas Health Science Center at San Antonio, The University of Texas Health Science Center at Houston, The University of Texas M.D. Anderson Cancer Center, The University of Texas Southwestern Medical Center at Dallas, The University of Texas Medical Branch at Galveston and The University of Texas Health Center at Tyler each with an office and place of business as set forth in Article 12 of the Master Clinical Trial Agreement and each a component of The University of Texas System, located at 201 West 7th Street, Austin, Texas 78701 (each an Institution hereinafter collectively "Institution"), the "Master Clinical Trial Agreement". The effective date of Amendment #2 is November 27, 2006.

Novartis and Institution now wish to amend the terms of the Master Clinical Trial Agreement as set forth below. NOW, THEREFORE, it is hereby agreed as follows:

Article 7G. Confidential Information of the Master Clinical Trial Agreement is hereby **deleted in its entirety and replaced with the following**:

"7G. The Institution hereby represents, certifies and agrees that, as of the date of enrollment of each individual participating as a Research Subject, it will obtain from each such individual an authorization that meets the requirements of the privacy rule issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA Privacy Rule") set forth at 45 CFR 164.508(b) and (c). Such authorization shall permit(i) all necessary uses of the individual's "protected health information", as that term is defined in the HIPAA Privacy Rule, 45 CFR 164.501, by the Institution and the Principal Investigator as part of the Clinical Trial and (ii) all disclosures of such protected health information by the Institution and the Principal Investigator to Novartis and its authorized agents and the Clinical Trial team and other professionals involved in the Clinical Trial for purposes relating to the Clinical Trial or other purposes permitted by law or regulation. The authorization is subject to the approval of the Institution's IRB and Novartis, and until the Institution's IRB approves an authorization that meets the above obligations, the Institution cannot conduct the Research.

FURTHER, it is hereby agreed that Attachment A (Clinical Trial Request Form) will be revised as attached herein.

In witness whereof, the parties hereto have executed this Amendment #2 in duplicate (if necessary) by proper persons thereunto duly authorized.

NOVARTIS PHARMACEUTICALS CORPORATION

By: George Betts

Name: George Betts, MBA

Title: Executive Director,
Medical Operations - US CD&MA

Date: 3/20/2007

THE UNIVERSITY OF TEXAS HEALTH CENTER AT TYLER

By: Vernon Moore

Name: Vernon Moore

Title: Chief Business and Finance Officer

Date: 2/27/07

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

By: _____

Name: Jodi S. Ogden

Title: Contracts Director
Office of Sponsored Projects

Date: 12/12/06

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

By: _____

Name: Jane A. Youngers

Title: Assistant Vice President for Research and Sponsored Programs

Date: 12/18/06

THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER

By: _____

Name: Leonard A. Zwelling, MD, MBA

Title: VP, Research Administration

Date: 1.12.2009

THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON

By: _____

Name: Susan E. Ramsey

Title: Manager, Contracts

Date: 2/23/07

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS

By: _____

Name: Perrie M. Adams, Ph.D.

Title: Associate Dean for Research

Date: 2/28/07

NOVARTIS PHARMACEUTICALS CORPORATION
East Hanover, NJ 07936

ATTACHMENT A: Clinical Trial Request Form

UNIVERSITY OF TEXAS

This Clinical Trial Request Form shall be binding upon the undersigned upon its execution by the duly authorized representatives of the parties as of the day and year first written above. It is subject to the terms of the Master Clinical Trial Agreement dated January 1, 2004, as amended on April 14, 2004 and November 27, 2006 and attached hereto.

1. CLINICAL TRIAL-RELATED INFORMATION

Effective Date:	
Principal Investigator:	
(For Institution Use) Account No.:	
Test Compound:	
Brief Description of Clinical Trial [Protocol Title]:	
Is This a Multi-Center Trial? [Yes or No]:	
Clinical Trial Dates (Performance Period) Initiation:	
Completion:	
Is this an Oncology-Related Research Trial? [Yes or No]:	
Number of Patients To Be Enrolled:	
(For Institution Use) Agreement No. :	
(For Institution Use) Are Biological Samples as defined in Article 25 contemplated in this Protocol? [Yes or No]:	

2. NOTICE

Any notice required or permitted hereunder shall be in writing and shall be deemed given as of the date if it is (A) delivered by hand or (B) sent by registered or certified mail, postage prepaid, return receipt request, and addressed to the party to receive such notice at the address set forth below, or such other address as is subsequently specified in writing, as well as any persons so designated under the Master Clinical Trial Agreement itself:

IF TO NOVARTIS:

For all payment queries, the following information must be provided (please refer to Schedule A):

1. Project (compound)
2. Study #
3. Center #
4. PI name
5. PO # (if available)

The above information must also be included on all invoices.

For Payment and Research Related Matters:
{ Enter the Clinical Trial Leader's Name, Address, & Phone }

For Contract Matters:
Insert Contract Manager's Information
Novartis Pharmaceuticals Corporation
One Health Plaza, 59 Route 10
East Hanover, NJ 07936-1080
Phone: 862-778-XXXX
Fax: 973-781-XXXX

If TO INSTITUTION:

For Administrative/ Contract Matters:
(Insert Correct Contact Info for the Location)

Insert Contact Name
Office of Research Administration
UT M.D. Anderson Cancer Center
1515 Holcombe Boulevard
Houston, TX 77030
phone: 713-XXX-XXXX
fax: 713-XXX-XXXX
Tax ID: 74-6001118

Insert Contact Name
Clinical Trials Office
The University of Texas Southwestern
Medical Center at Dallas
5323 Harry Hines Blvd.
Dallas, TX 75390-9016
phone: 214-XXX-XXXX
fax: 214-XXX-XXXX
Tax ID: 75-6002868

Insert Contact Name
The University of Texas Health Science Center at Houston
P.O. Box 20036
Houston, TX 77225
phone: 713-XXX-XXXX
fax: 713-XXX-XXXX
Tax ID: 74-1761309
Overnight address is:
7000 Fannin Street, Suite 1006
Houston, TX 77030

Insert Contact Name
The University of Texas Health Center at Tyler
11937 U.S. Hwy. 271
Tyler, TX 75708-3154
phone: 903-XXX-XXXX
fax: 903-XXX-XXXX
Tax ID: 75-600-1354

Insert Contact Name
The University of Texas
Medical Branch at Galveston
Basic and Clinical Research Management

Insert Contact Name
The University of Texas Health Science
Center at San Antonio
7703 Floyd Curl Drive, Mail Code 7828

301 University Boulevard
2.240 Gail Borden
Galveston, TX 77555-0671
phone: (409) XXX-XXXX
fax: (409) XXX-XXXX
Tax ID: 74-6000949

San Antonio, TX 78229-3900
phone: 210-XXX-XXXX
fax: 210-XXX-XXXX
Tax ID: 74-1586031

For Technical Research Matters:
(Insert Investigator's Information)
Name
Address
Phone
Fax

3. MODIFICATIONS AND ADDITIONAL TERMS FOR THIS CLINICAL TRIAL:

NOTE: This Section 3 supersedes any conflicting provisions of the Master Clinical Trial Agreement and must be approved in writing by Institution and the Office of General Counsel of The University of Texas System. The parties agree and acknowledge that this Section 3 will only be used for Study specific revisions on a case-by-case basis. The parties further agree and acknowledge that this Section 3 is not intended to be used to revise terms or conditions that are applicable to all Study(s) and that the Master Clinical Trial Agreement will be duly revised for such revisions.

If this Clinical Trial Request Form requires services to be performed beyond the expiration or termination date of the Master Agreement, then the terms of the Master Agreement shall remain in effect until the expiration or termination of this Clinical Trial Request Form.

4. LIST OF ATTACHMENTS AND PROTOCOL:

Protocol: [Code Number and Title]:

Schedule A

Copy of Master Clinical Trial Agreement

5. COST AND PAYMENT

A. Payment shall be made to the Institution according to Schedule A appended hereto and incorporated herein by reference. All costs outlined on Schedule A shall remain firm for the duration of the Research, unless otherwise agreed to in writing by the Institution and Novartis.

B. Checks will be made payable to " _____ ". Checks will reference the Protocol number and account name and will be mailed to the address shown in Schedule A.

Institution Tax Identification Number _____.

C. The costs of the Research set forth on the Schedule A attached hereto represent all costs of performing the Research, including overhead.

In Witness Whereof, the parties hereto have executed this Clinical Trial Request Form in duplicate by proper persons thereunto duly authorized.

NOVARTIS PHARMACEUTICALS CORPORATION

By _____
(signature)

_____
(print or type name)

Title: _____

Date _____

{ENTER INSTITUTION NAME}

By _____
(signature)

_____
(print or type name)

Title: _____

Date _____

PRINCIPAL INVESTIGATOR

I have read this Clinical Trial Request Form, including the copy of the Master Clinical Trial Agreement, and understand and accept my obligations hereunder

By _____
(signature)

_____
(print or type name)

Title _____

Date _____