

**FOURTH AMENDMENT TO THE MASTER
CLINICAL TRIAL AGREEMENT**

This Fourth Amendment (“Fourth Amendment”) effective as of November 16, 2014 hereby amends the Master Clinical Trial Agreement dated March 16, 2009, Amendment #1 thereto dated May 31, 2012, and Amendment #2 thereto dated March 16, 2014, and Amendment #3 thereto dated September 16, 2014, between The University of Texas Health Science Center at San Antonio, The University of Texas Health Science Center at Houston, The University of Texas Southwestern Medical Center, The University of Texas Medical Branch at Galveston, The University of Texas Health Science Center at Tyler and The University of Texas at Austin, (individually and collectively referred to as an “Institution”) and Hoffmann-La Roche Inc. and Roche Laboratories Inc. (each referred to as “Roche”) (the “Master Agreement (as amended)”) (each a “Party” and collectively the “Parties”).

WHEREAS, the Parties desire to amend the terms of the Master Agreement (as amended) as set forth below to extend the term of the Master Agreement for an additional two (2) months.

NOW, THEREFORE, in consideration of the mutual promises set forth herein and other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the Parties hereto promise and agree as follows:

1. Pursuant to Section 10 of the Master Agreement (as amended), the parties mutually agree to extend the term of the Master Agreement for an additional two (2) months until January 16, 2015.

THE REST OF THIS PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the Parties hereto have caused this Fourth Amendment to be duly executed as of the date written below.

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT SAN ANTONIO

By: _____

Name: _____

Title: _____

Date: _____

HOFFMANN-LA ROCHE INC.

By: Jerry Varkey

Name: Jerry Varkey

Title: GA Operations Management

Date: 12/11/14

Approved As To Form
LAW DEPT.
By: [Signature]

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER

By: _____

Name: _____

Title: _____

Date: _____

UNIVERSITY OF TEXAS MEDICAL
BRANCH AT GALVESTON

By: _____

Name: _____

Title: _____

Date: _____

THE UNIVERSITY OF TEXAS AT AUSTIN

By: _____

Name: _____

Title: _____

Date: _____

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT TYLER

By: _____

Name: _____

Title: _____

Date: _____

IN WITNESS WHEREOF, the Parties hereto have caused this Fourth Amendment to be duly executed as of the date written below.

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT SAN ANTONIO

HOFFMANN-LA ROCHE INC.

By: Chris G. Green

By: _____

Name: Chris G. Green, CPA

Name: _____

Title: Director, Office of Sponsored Programs

Title: _____

Date: 12-1-14

Date: _____

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER

UNIVERSITY OF TEXAS MEDICAL
BRANCH AT GALVESTON

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

THE UNIVERSITY OF TEXAS AT AUSTIN

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT TYLER

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

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THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT SAN ANTONIO

HOFFMANN-LA ROCHE INC.

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER

UNIVERSITY OF TEXAS MEDICAL
BRANCH AT GALVESTON

By: Angela R. Charboneau Wishon

By: _____

Name: Angela R. Charboneau Wishon, J.D.

Name: _____

Title: Vice President for
Research Administration

Title: _____

Date: 12-1-2014

Date: _____

THE UNIVERSITY OF TEXAS AT AUSTIN

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT TYLER

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

IN WITNESS WHEREOF, the Parties hereto have caused this Fourth Amendment to be duly executed as of the date written below.

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT SAN ANTONIO

HOFFMANN-LA ROCHE INC.

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER

UNIVERSITY OF TEXAS MEDICAL
BRANCH AT GALVESTON

By: _____

By: Angela Cook

Name: _____

Name: ANGELA COOK

Title: _____

Title: DIRECTOR, OFFICE OF CLINICAL RESEARCH

Date: _____

Date: 11-26-2014

THE UNIVERSITY OF TEXAS AT AUSTIN

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT TYLER

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

IN WITNESS WHEREOF, the Parties hereto have caused this Fourth Amendment to be duly executed as of the date written below.

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT SAN ANTONIO

HOFFMANN-LA ROCHE INC.

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER

UNIVERSITY OF TEXAS MEDICAL
BRANCH AT GALVESTON

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

THE UNIVERSITY OF TEXAS AT AUSTIN

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT TYLER

By: DAVID HAWKINS

By: _____

Name: DAVID HAWKINS

Name: _____

Title: ASSOCIATE DIRECTOR, OSP

Title: _____

Date: 11.26.2012

Date: _____

IN WITNESS WHEREOF, the Parties hereto have caused this Fourth Amendment to be duly executed as of the date written below.

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT SAN ANTONIO

HOFFMANN-LA ROCHE INC.

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER

UNIVERSITY OF TEXAS MEDICAL
BRANCH AT GALVESTON

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

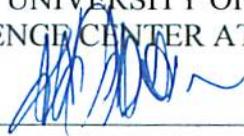
Date: _____

Date: _____

THE UNIVERSITY OF TEXAS AT AUSTIN

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT TYLER

By: _____

By:  _____

Name: _____

Name: David Anderson

Title: _____

Title: Director, Pre-Award Services

Date: _____

Date: 11/26/14

THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER AT HOUSTON

By: _____ Digitally signed by
Name: *Karen Niemeier* karen.niemeier@uth.tmc.edu
DN:
Title: **Karen S. Niemeier** cn=karen.niemeier@uth.tmc.ed
Director, Contracts u
Sponsored Projects Administration Date: 2014.11.26 13:57:45
-06'00'
Date: _____

Second Amended Exhibit 1

Administrative Contact Person and Address for Each Institution

<p>David Hawkins Associate Director Office of Sponsored Projects The University of Texas at Austin North Office Bldg., Suite 5.300 Austin, TX 78712</p> <p>Phone: 512-471-6424 Fax: 512-471-6564</p> <p>Tax ID: 74-6000203</p>	<p>Angela R. Charboneau Wishon, J.D. Vice President for Research Administration The University of Texas Southwestern Medical Center 5323 Harry Hines Blvd. Dallas, Texas 75390-9105</p> <p>Phone: 214-648-6449 Fax: 214-648-4474</p> <p>Tax ID: 75-6002868</p>
<p>Chris Green Director, Office of Sponsored Programs The University of Texas Health Science Center at San Antonio 7703 Floyd Curl Dr, Mail Code 7828 San Antonio, TX 78229-3900</p> <p>Phone: 210-567-2340 Fax: 210-567-8107</p> <p>Tax ID: 74-1586031</p>	<p>Karen Niemeier Director, Contracts The University of Texas Health Science Center at Houston 7000 Fannin Street, Suite 1006 Houston, TX 77030</p> <p>Phone: 713-500-3999 Fax: 713-383-3746</p> <p>Tax ID: 74-1761309</p>
<p>David Anderson Director, Office of Pre-Award Services The University of Texas Health Science Center at Tyler 11937 U.S. Hwy. 271 Tyler, TX 75708-3154</p> <p>Phone: 903-877-7486 Fax: 903-877-7558</p> <p>Tax ID: 75-6001354</p>	<p>Rohan Hebbar Associate Legal Officer The University of Texas Medical Branch at Galveston 301 University Boulevard Galveston, TX 77555-0156</p> <p>Phone: 409-747-8743 Fax: 409-266-9470</p> <p>Tax ID: 74-6000949</p>