## Purchase order

This Purchase Order ("PO") is (select one): x Initial Purchase Order/Work Purchase Order

P.O.# 45565910

Order Date: 13-Jun-2016 Buyer: Michele Morris Phone #: 919-577-5084 Fax #: 919-552-4298

Supplier:

1 NOVARTIS SEOUÊNCE INC 2500 GATEWAY CENTRE BLVD, SUITE 850

MORRISVILLE NC 27560

Vendor Contact: MIKE PUTNAM

Fax #: 253-736-8446

Revised Purchase Order ("Revised PO"). Revised PO Number: []
APPLICABLE TO REVISED POs:
This Revised PO sets forth all of the changes to the Purchase Order identified by number above and the Agreement (identified below) associated with it. Unless modified herein, all of the other terms of the Purchase Order and the Agreement remain unchanged.
APPLICABLE TO ALL POS:
This Purchase Order ("PO") and any attachments are issued in accordance with and are hereby incorporated into the Services Agreement("Agreement") Effective Date 01JAN16 made by and between Company and Seqirus Inc, and are subject to all terms and conditions therein.
Novartis V&D#s Project Manager for this PO: Amy Russell, Amy.Russell@Seqirus.com, phone 919-577-2510
The start date for the Services set forth herein is: 15JUN16 The completion date for the Services (or revised completion date, if any) shall be the "Delivery Date" set forth below.
The compensation method for the Services set forth in this PO only is (select one):  Lump Sum Cost X Time and Materials Not to Exceed Unit Prices up to Maximum Cost (attach Unit Prices)
Changes to Company's compensation for Services, if any, are set forth below, and Company#s total compensation (or revised total compensation) shall be the "Total Net Item Value" set forth below.
The following terms in this PO shall have the following meanings as defined in the Agreement: "Supplier" and "Vendor" mean "Company;" "Vendor Contact" means "Company Representative;" "Delivery Date," unless otherwise defined means the date of completion of the Services. "Extended Price" is the price for the Services listed in the accompanying entry. The "Total Net Item Value is the total compensation for Services, as revised from time to time pursuant to a Revised PO.

Novartis Vaccines & Diagnostics, Inc. is committed to the provisions outlined in the Equal Opportunity Clauses of Executive Order 11246, (60-1.4), Section 503 of the Rehabilitation Act of 1973, (60-741.5), and, Section 402 of the Vietnam Veterans Readjustment Act

NOVARTIS VACCINES AND DIAGNOSTICS, INC. (FKA CHIRON CORPORATION) HOLDS SELLER'S PERMIT SY CH 21-789331. ONLY PROPERTY MARKED AS EXEMPT ("E") IS BEING PURCHASED FOR RESALE IN THE REGULAR

Equal Opportunity Contract Clause (EOC)

of 1974, (60-250.4), As well as any other regulations pertaining to these orders.

COURSE OF BUSINESS OR IS BEING USED FOR EXEMPT HUMAN CLINICAL TRIALS.

## Purchase order

P.O.# 45565910

Order Date: 13-Jun-2016 Buyer: Michele Morris Phone #: 919-577-5084 Fax #: 919-552-4298

Supplier: SEQUENCE INC

1 NOVARTIS

2500 GATEWAY CENTRE BLVD, SUITE 850

MORRISVILLE NC 27560

Vendor Contact: MIKE PUTNAM

Fax #: 253-736-8446

Item #	QTY/UOM	Our Mat# Vendor Mat# Material Description	Price	Extended Price	Tax Code
1	59,850 EA	N/A Automation Validation 665 hours @ \$90/hr per proposal 201614 Delivery Date: 31-Oct-2016	per EA 59,850.00	E	
		Total Net Item Value	Excluding Tax	59,850.00 USD	
		Taxable Item Subtotal	0.00	0.00	
		Total Net Item Value	Total Net Item Value Including Tax		

Free on board OTHER: SERVICE Payment Terms: Within 60 days Due net

## Purchase order

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SEQUÊNCE INC

2500 GATEWAY CENTRE BLVD, SUITE 850

MORRISVILLE NC 27560

Vendor Contact: MIKE PUTNAM

Fax #: 253-736-8446

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Item #

QTY/UOM

Our Mat# Vendor Mat# Material Description

Price

Extended Price

1 NOVARTIS

Tax Code

Remit To:

Novartis Vaccines and Diagnostics Accounts Payable Dept. PO Box 888638 Grand Rapids, MI 49588 Attn: P.O.# 45565910 Deliver To:

475 Green Oaks Parkway Hollysprings NC 27540

Attn: P.O.# 45565910

Or for smooth transaction, send all invoice(s) by email to: nvdap.emvinvoices@novartis.com

The purchase order number MUST be referenced on each invoice. For last invoice, please indicate or stamp FINAL INVOICE.

Supplier Confirmation By: (If Requested)

Authorized Agent Title Date 115

For Novartis By:

Authorized Agent Title Date

The parties have executed this Agreement as of the Effective Date, and the parties agree that execution may be by counterpart signature and/or facsimile or electronic signature, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

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