

## Purchase order

**P.O.# 45566899**

Order Date: 30-Jun-2016  
Buyer: Rick Aronofsky  
Phone #: 617-871-8307  
Fax #: 617-871-8759

### Supplier:

SEQUENCE INC  
2500 GATEWAY CENTRE BLVD, SUITE 850  
MORRISVILLE NC 27560

 **NOVARTIS**

Vendor Contact: **MIKE PUTNAM**

Fax #: 253-736-8446

This Purchase Order ("PO") is (select one):

☒ Initial Purchase Order/Work Purchase Order

☐ 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: Richard Gwaltney,  
Richard.Gwaltney@Seqirus.com, phone 919-577-5000

The start date for the Services set forth herein is: 27JUN16 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

☒ 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.

#### Equal Opportunity Contract Clause (EOC)

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

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

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Fax #: 253-736-8446

<i>Item #</i>	<i>QTY/UOM</i>	<i>Our Mat# Vendor Mat# Material Description</i>	<i>Price</i>	<i>Extended Price</i>	<i>Tax Code</i>
1	65,520 EA	- FCC 3.0 Project Suppor Sequence Project Support Ed King for upstream and downstream automation qualification. 728 hrs @ \$90.00/hr per proposal # 2016288 Rev 0 dated 08JUN16 <b>Delivery Date: 31-Dec-2017</b>	1.00 per EA	65,520.00	E
<b>Total Net Item Value Excluding Tax</b>				<b>65,520.00</b>	<b>USD</b>
<b>Taxable Item Subtotal</b>			<b>0.00</b>		
<b>Tax Amount</b>				<b>0.00</b>	
<b>Total Net Item Value Including Tax</b>				<b>65,520.00</b>	<b>USD</b>

Free on board OTHER: SERVICE

Payment Terms: Within 60 days Due net

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Item #	QTY/UOM	Our Mat# Vendor Mat# Material Description	Price	Extended Price	Tax Code
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### Remit To:

Novartis Vaccines and Diagnostics

Accounts Payable Dept.

PO Box 888638

Grand Rapids, MI 49588

Attn: P.O.# 45566899

### Deliver To:

475 Green Oaks Parkway

Hollysprings

NC 27540

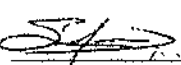
Attn: P.O.# 45566899

Or for smooth transaction, send all invoice(s) by email to:

[nvdap.emvinvoices@novartis.com](mailto: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:  VP Technology <sup>20 Jun 2016</sup> For Novartis By: \_\_\_\_\_  
(If Requested) Authorized Agent, Title, Date 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.