

Consulting&Patient Services/Adjuvantz

Remit To / Payer à :

McKesson Canada Corporation (SPS) M2124

P.O. Box 11506, Succ. Centre-ville

MONTRÉAL QC H3C 5N7

CANADA

Telephone / Téléphone : 905-671-4586 Fax / Télécopieur : 905-671-8710 Account Number / Numéro compte : 8000006 Customer number / Numéro client : 8000006

P.O. Nº / Nº de B.C.: 3004713323

Bill To / Facturé à:

NOVARTIS PHARMACEUTICALS CANADA NOVARTIS PHARMACEUTICALS CANADA

INC

385 BOUL BOUCHARD DORVAL QC H9S 1A9 Payer / Payeur:

NOVARTIS PHARMACEUTICALS CANADA NOVARTIS PHARMACEUTICALS CANADA

INC

385 BOUL BOUCHARD DORVAL QC H9S 1A9

Comments / Commentaires: Shire - XIIDRA Patient Support Program

Invoice / Facture

Page: 1 / 1 **Document Nº / Nº de doc.:** 7260287057

Document Date / Date du doc.: 03/1

03/19/2021

Ref. Nº / Nº de réf.:

Attention of / À l'attention de:

Sold To / Vendu à:

NOVARTIS PHARMACEUTICALS CANADA NOVARTIS PHARMACEUTICALS CANADA

INC

385 BOUL BOUCHARD DORVAL QC H9S 1A9

Contract N°. Project N°. Payment terms Due date Billing period

N° de contratN° de projectConditions de paiementDate d'éch.Période de facturation1098534203CPSP.8511Net 60 Days05/18/2021Feb, 2021

| Item # N° d' article | Description | Quantity Quantité | Unit Price Prix Unitaire | Total | Tax Taxe |
|----------------------|------------------|----------------------|-----------------------------|-----------|-------------|
| 20 | Drug Admin Fee | 1 | 15,144.00 | 15,144.00 | TP |
| 30 | Per Claimant Fee | 1 | 1,268.10 | 1,268.10 | TP |
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| Subtotal / Sous-total | 16,412.10 | | |
|-----------------------|-----------|--|--|
| GST-HST / TPS-TVH | 820.60 | | |
| QST / TVQ | 1,637.11 | | |
| PST / TVP | 0.00 | | |
| Total CAD | 18,869.81 | | |
| | | | |

| GST-HST N° / TPS-TVH N° | 137797197 RT0001 |
|-------------------------|-------------------|
| QST N° / TVQ N° | 1016479086 TQ0004 |

```
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</Credential>
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</Header>
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