



NOVARTIS PHARMACEUTICALS CORPORATION
East Hanover, NJ 07936

MASTER CLINICAL TRIAL AGREEMENT (CTA) - AMENDMENT #3

The following is Amendment #3 to the Master Clinical Trial Agreement ("Agreement") dated January 1, 2004 between Novartis Pharmaceuticals Corporation with a place of business at 59 Route 10, East Hanover, NJ 07936-1080 ("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 Science 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 member institution of The University of Texas System, located at 201 West 7th Street, Austin, Texas 78701 (each an "Institution").

RECITALS

A. Novartis and Institution wish to amend the terms of the Agreement as set forth below to extend the term of the Master Clinical Trial Agreement through April 30, 2009.

Now Therefore, it is hereby agreed as follows:

1. Article 2 of the Agreement is amended to include the following sentence at the end of the Article:
 "The parties hereby agree to extend the Agreement Period from December 31, 2008 to April 30, 2009."
2. All other terms and conditions set forth in the Agreement remain unchanged.

IN WITNESS WHEREOF, the parties have executed this Agreement in duplicate by proper persons thereunto duly authorized.

NOVARTIS PHARMACEUTICALS CORPORATION

By: *George Betts*

Name: George Betts

Title: Executive Director,
 US Medical Operations – USCD

Date: 1/27/2009

Each University of Texas location is signing individual signature pages which will be appended to the Novartis signature page. Upon execution by all parties, the amendment will be considered fully executed.

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER

By: _____

Name: _____
 (print or type)

Title: _____

Date: _____

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

By: _____

Name: _____
 (print or type)

Title: _____

Date: _____



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RECITALS

- A. Novartis and Institution wish to amend the terms of the Master Clinical Trial Agreement as set forth below to extend the term of this master agreement to April 30, 2009.

Now Therefore, it is hereby agreed as follows:

- 1. Article 2 of the Master Clinical Trial Agreement is amended to include the following sentence at the end of the Article:
"The parties hereby agree to extend the Agreement Period from December 31, 2008 to April 30, 2009."
- 2. All other terms and conditions set forth in the Master Clinical Trial Agreement remain unchanged.

IN WITNESS WHEREOF, the parties have executed this Amendment #3 to the Master Clinical Trial Agreement in duplicate by proper persons thereunto duly authorized.

NOVARTIS PHARMACEUTICALS CORPORATION

By: _____

Name: George Betts

Title: Executive Director,
US Medical Operations – USCD

Date: _____

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER

By: Conna Sutton

Name: Conna Sutton
Director, Pre-Award Services

Title: Conna Sutton
Director, Pre-Award Services

Date: 1/22/09

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

By: _____

Name: _____
(print or type)

Title: _____

Date: _____



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East Hanover, NJ 07936

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Now Therefore, it is hereby agreed as follows:

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IN WITNESS WHEREOF, the parties have executed this Amendment #3 to the Master Clinical Trial Agreement in duplicate by proper persons thereunto duly authorized.

NOVARTIS PHARMACEUTICALS CORPORATION

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER

By: _____

By: _____

Name: George Betts

Name: _____
 (print or type)

Title: Executive Director,
 US Medical Operations – USCD

Title: _____

Date: _____

Date: _____

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

By:  _____

Name: **Jodi S. Ogden**
 (print or type) **Contracts Director**

Title: **Office of Sponsored Projects**

Date: 12/17/08

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE
CENTER AT SAN ANTONIO**

By: Jane A. Youngers

Name: Jane A. Youngers

Title: Assistant Vice President for Research

Date: 12-16-08

**THE UNIVERSITY OF TEXAS M.D. ANDERSON
CANCER CENTER**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT
GALVESTON**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS SOUTHWESTERN
MEDICAL CENTER AT DALLAS**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE
CENTER AT SAN ANTONIO**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS M.D. ANDERSON
CANCER CENTER**

By: Melinda Cotten

Name: Melinda Cotten, CRA
(print or type)
Executive Director, Sponsored Programs

Title: _____

Date: 12/22/08

**THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT
GALVESTON**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS SOUTHWESTERN
MEDICAL CENTER AT DALLAS**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

Reviewed and Approved by
UTMDACC Legal Services for
UTMDACC Signature:

SPANKS

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE
CENTER AT SAN ANTONIO**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS M.D. ANDERSON
CANCER CENTER**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT
GALVESTON**

By: Susan E. Ramsey

Name: Susan E. Ramsey
(print or type)

Title: Manager of Research Operation

Date: 1/22/09

**THE UNIVERSITY OF TEXAS SOUTHWESTERN
MEDICAL CENTER AT DALLAS**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE
CENTER AT SAN ANTONIO**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS M.D. ANDERSON
CANCER CENTER**

By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT
GALVESTON**

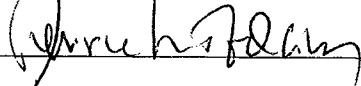
By: _____

Name: _____
(print or type)

Title: _____

Date: _____

**THE UNIVERSITY OF TEXAS SOUTHWESTERN
MEDICAL CENTER AT DALLAS**

By:  _____

Name: Perrie M. Adams, Ph.D.
(print or type)

Title: Associate Dean for Research

Date: 12/17/08