

## AGREEMENT for SUPPORT to PATIENT ORGANIZATIONS

RECIPIENT PATIENT ORGANIZATION (THIS CANNOT BE USED WITH AN INDIVIDUAL RECIPIENT)	DATE
<div style="text-align: right; font-size: small;">(THIS CANNOT BE USED WITH AN INDIVIDUAL RECIPIENT)</div>	28.02.2017
Organization Name	IDF (Immunodeficiency Association) <i>Jette Agorholm Olsen</i>
Organization Address	<i>Østerparteen 83, 6840 OKSBØ</i>
Proof of Non-Profit Status (e.g., Registration Number)	
BAXALTA CONTACT'S INFORMATION	
Name of Baxalta Contact	Jesper Dradrach
Title at Baxalta	Key Account Manager
Address	Tobaksvejen 2A, 2860 Søborg
Telephone Number	+ 45 40 22 93 57

### Re: Support for patientorganization IDF

Dear Lois Hibberd Jørgensen,

Further to your request, Baxalta-Immunology ("Baxalta") has decided to grant to your Institution, namely IDF, a donation of DKK 7000 ("Support"), which you have requested for the purpose of Informationmeeting for adult with primary Immunodeficiency on 4/4-2017 at Hvidovre Hospital.

Baxalta understands that IDF is involved in and responsible for patients with Immunodeficiency, and that IDF shall use the Support for the performance of the aforementioned Activity.

*(If applicable:* It is expressly understood and agreed that Baxalta does not and will not seek to influence the text of any material that it sponsors in a manner favorable to its own commercial needs. This does not preclude Baxalta from correcting inaccuracies related to its medicine(s), and you agree to allow Baxalta to review materials for this purpose in advance of publication and use.)

You agree that Baxalta's Support must be clearly acknowledged and apparent from the outset and, to that end, you agree to acknowledge Baxalta's Support at all relevant times and/or in all relevant materials.

(If applicable: Baxalta will wire the aforementioned amount to the general account number of IDF):

BANK INFORMATION	
Account No.:	2111 - 4371899591
Bank Giro No.:	
Name of Bank:	Nordea
Name of Account Holder:	
Address of Account Holder:	IdF.dk
IBAN:	
BIC (Swift Code):	
Communication of Use:	

Both parties confirm that the Support is not linked to or conditioned on any use, purchase, promotion, recommendation, prescription or otherwise of Baxalta products. You also confirm that, after due inquiry, your receipt of the Support does not violate any applicable laws, rules, regulations or codes of conduct, for example the EFPIA Code of Practice on Relationships between the Pharmaceutical Industry and Patient Organizations for European countries covered by EFPIA.

Please sign the enclosed second original of this letter and return it to us.

Yours sincerely,

Jesper Dradrach

SIGNATURES

Name of Baxalta Entity		Name of Patient Organization	
<i>Duly Represented By</i>		<i>Duly Represented By</i>	
Name of Representative	Managing Director Baxalta Denmark Anders Pode Milwertz	Name of Representative	Lois Hibberd Jørgensen
Signature		Signature	
Date	28.02.2017	Date	1/3/2017