AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTI		4 6	REQUISITION/PURCHASE REQ. NO.	5. PR	1 OJECT NO	2 (If applicable)	
0005	09/30/							
	ODE FMPS	2010	7.	7. ADMINISTERED BY (if other than litern 6) CODE FMPS				
CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814			CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814					
8. NAME AND ADDRESS OF CONTRACTOR (No.	, street, county, Stete	and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.				
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS ATTN GARY A SMITH MD DRPH 700 CHILDRENS DRIVE COLUMBUS OH 43205-2696			ļ,	9B. DATED (SEE ITEM 11)				
CODE	FACILITY	ODE		12/15/2009				
	11 THIS	TEM ONI VAPPI JES TO A	MEN	IDMENTS OF SOLICITATIONS				
CHECK ONE A. THIS CHANGE ORDER IS ISSI ORDER NO. IN ITEM 10A.	TO MODIFICATION	N OF CONTRACTS/ORDER	ts. I Т Е СН/	ADMINISTRATIVE CHANGES (such as changes TY OF FAR 43.103(b).	SCRIBI	NTRACT	14.	
C. THIS SUPPLEMENTAL AGREE			UTH	ORITY OF:				
D. OTHER (Specify type of modific		-						
X UNILATERAL MODIFI				rn 0 conies to the issuinc				
14 DESCRIPTION OF AMENDMENTMODIFICA DUNS Number: PERIOD PERFORMANCE: 10/01, HOSPITAL ID# 7V061042	TION (Organized by	9/30/10	cludir	ing solicitation/contract subject matter where feasib	nle.)			
Modification No. 0005 adju			τve	sillance reports for ri-20	010	as to	.10WS:	
For FY-2010 the total amo	int of thi	s contract is	de	creased by \$3,723.20, fr	om \$	102,95	57.40	
to \$99,234.20.								
Continued Except as provided herein, all terms and conditions 15A. NAME AND TITLE OF SIGNER (Type or prin		eferencad in Item 9A or 10A		heretofora changed, remains unchanged and in fu A. NAME AND TITLE OF CONTRACTING OFFIC				
				oris B. Kessler		, - <i>-</i> proty		
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		B. UNITED STATES OF AMERICA	1		DATE SIGNED	
(Signature of person authorized to sign)			R	(Signature of Contracting Officer)	5		9/30/2010	

NSN 7540-01-152-8070 Previous edition unusable

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STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 9

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE ()F
	CPSC-N-10-0053/0005	2	2
NAME OF OFFEROR OR CONTRACT	TOR		

THE RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS HOSPITAL

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	1		UNIT PRICE (E)	AMOUNT (F)
(A)	SUPPLIES/SERVICES (B) TOTAL QTY FOR ITEM #1: 18,129/EA Discount Terms: Net 30 Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814 FOB: Destination Period of Performance: 10/01/2009 to 09/30/2010 Change Item 0001 to read as follows(amount shown is the obligated amount): ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 6,000 MAXIMUM QTY: 30,000 Obligated Amount: -\$3,723.20 Accounting Info: 10-PS-EXFM-4310 Funded: \$0.00 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: -\$3,723.20 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.	QUANTITY (C) -716	(D)	UNIT PRICE (E)	(F)