AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		PAGE OF PAGES				
							2			
2 AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PROJ	ECT NO. (If applicab	¥0)			
0005 ISSUED BY	CODE	09/15/2011	7 10	MINISTERED BY (If other than Item 6)	CODE					
ONSUMER PRODUCT SAF IV OF PROCUREMENT S 330 EAST WEST HWY OOM 517 ETHESDA MD 20814	ETY COMM	ISSION			l					
NAME AND ADDRESS OF CONTRAC	TOR (No., stress	county, State and ZIP Code)		AMENDMENT OF SOLICITATION NO.						
YALE-NEW HAVEN HOSPITAL ATTN TUCKER LEARY VP ADMINISTRATION 20 YORK STREET TMP 109 NEW HAVEN CT 06504			9B	98. DATED (SEE ITEM 11)						
			<b>C</b> 10	B. DATED (SEE ITEM 13)						
ODE		FACILITY CODE		3/19/2010						
		11. THIS ITEM ONLY APPLIES TO								
ORDER NO. IN ITEM	10A.			GES SET FORTH IN ITEM 14 ARE MADE MINISTRATIVE CHANGES (such as cha OF FAR 43.103(b).						
C. THIS SUPPLEMENT	AL AGREEMEN	T IS ENTERED INTO PURSUANT TO	O AUTHOR	ITY OF:						
D. OTHER (Specify type		••		<u>.</u>						
X UNILATERAL M	ODIFICAT	ION, FAR 43.103(b)								
E. IMPORTANT; Contractor	🗶 is noi.	Is required to sign this document	and return	O copies to the is	suing office.					
DUNS Number: Maintain HOSPITAL ID#6B683034 Modification No. 000 ITEM #3 is changed a	_		survei	llance reports for FY	Y-2011.					
For FY-2011 the tota to \$237,186.00.	l amount	of this contract i	ls inc	reased by \$7,056.00,	from \$2	30,130.00				
Continued	t oondition**	to deputying the second in time of the	104	relofore changed, remains unchanged an	n in full forme	ni allari				
15A. NAME AND TITLE OF SIGNER (T			16A.	NAME AND TITLE OF CONTRACTING						
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		ris B. Kessler UNITED STATES OF AMERICA	wall	16C. DATE SI				
(Signature of person authorize	od to sign)			(Signature of Contracting Onicol)						
NSN 7540-01-152-8070 Previous edition unusable					FAR (48 CF		v-63)			

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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

NAME OF OFFEROR OR CONTRACTOR YALE-NEW HAVEN HOSPITAL

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	TOTAL QTY FOR ITEM #3: 50,600/EA				
	Change Item 0003 to read as follows(amount shown				
	is the obligated amount):				
03	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY	1600	EA	4.41	7,056
	REPORTS. Obligated Amount: \$7,056.00				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.	ļ			
				ſ	
•					
7540-01-152	i			L	OPTIONAL FORM 338 (4-86)