	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES		
2 AMENDMENT MODIFICATION NO.	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO.	1 2 5. PROJECT NO. (If applicable)		
CODE CODE	08/30/2012 FMPS	7. ADMINISTERED BY (if other than item 6)	CODE		
CONSUMER PRODUCT SAFETY COM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814					
B NAME AND ADDRESS OF CONTRACTOR (No., area	it, county. State and ZIP Code)	(X) 9A. AMENDMENT OF SOLICITATION NO.			
SHADY GROVE ADVENTIST HOSPITAL ATTN LOUISE BRISSETTE-CHASIN ER 9901 MEDICAL CENTER DRIVE ROCKVILLE MD 20850		98. DATED (SEE ITEM 11) × 10A MODIFICATION OF CONTRACT/ORDER NO. CFSC-N-12-0075 10B DATED (SEE ITEM 13)			
CODE	FACILITY CODE	12/15/2011			
		AMENDMENTS OF SOLICITATIONS			
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	NODIFICATION OF CONTRACTS/ORDE	RS. IT MODIFIES THE CONTRACT/ORDER NO. AS I E CHANGES SET FORTH IN ITEM 14 ARE MADE IN T THE ADMINISTRATIVE CHANGES (such as chang THORITY OF FAR 43.103(b). AUTHORITY OF:	I THE CONTRACT		
I U THIS SUPPLEMENTAL AGREEMEN					
D. OTHER (Specify type of modification	and authority)				
D. OTHER (Specify type of modification X UNILATERAL AGREEMENT	n and authority}				
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D. OTHER (Specify type of modification X UNILATERAL AGREEMENT E. IMPORTANT: Contractor Elis not. 14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: Operation Hospital ID: 5P761068 Contracting Officer Represen Randy Mitchell Email: RMitchell@cpsc.gov Tel: 301-504-6962	n and authority) is required to sign this document a (Organized by UCF section headings, i tative :	ncluding solicitation/contract subject matter where fee	si(b/o.)		
D. OTHER (Specify type of modification X UNILATERAL AGREEMENT E.IMPORTANT: Contractor Elis not. 14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 000000000000000000000000000000000000	and authority) Discrequired to sign this document at (Organized by UCF section headings, is stative: act CFSC-N-12-0075 5	ncluding solicitation/contract subject matter where fee	e incremental		
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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-12-0075/0005

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NAME OF OFFEROR OR CONTRACTOR

SHADY GROVE ADVENTIST HOSPITAL

item no. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	1- The quantity for Line item 0003 is increased by 8,000, from 11,000 to 19,000.				nimilitea - nagaga na sena
	2- The quantity for Line item 0004 is increased by 800, from 1,600 to 2,400.				
	As a result of the above, funding for option period one is increased by \$17,824.00 to a total of \$42,622.00.				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
	FIRST OPTION PERIOD - JULY 1, 2012 THROUGH JUNE 30, 2013				
0003	NOT TO EXCEED NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	27300	EA	2.17	17,360.0
	Quantity: 11,000 @ \$2.17 = \$17,360.00				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
0004	NOT TO EXCEED SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. Quantity: 800 @ \$0.58 = \$464.00	4830	EA	0.58	464.0
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				