

05

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1 DATE OF ORDER 03/03/2010	2 CONTRACT NO. (If any) CPSC-N-10-0121	6. SHIP TO	
3 ORDER NO		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
4 REQUISITION/REFERENCE NO			

5 ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	
c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814

7. TO: ED MYERS CEO	f. SHIP VIA
a. NAME OF CONTRACTOR ST LUKES MEDICAL CENTER	

b. COMPANY NAME	8. TYPE OF ORDER	
c. STREET ADDRESS 1800 EAST VAN BUREN STREET	<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
d. CITY PHOENIX	Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
e. STATE AZ	f. ZIP CODE 85006	Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9 ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
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11 BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination
<input type="checkbox"/> a. SMALL	<input checked="" type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	
<input type="checkbox"/> d. WOMEN-OWNED	<input type="checkbox"/> e. HUBZone	<input type="checkbox"/> f. EMERGING SMALL BUSINESS		

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	16 DISCOUNT TERMS Net 30
a. INSPECTION Destination	b. ACCEPTANCE Destination			

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: [REDACTED] HOSPITAL ID# 3L322055 BASIC CONTRACT: 03/01/10 THRU 09/30/10 Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO	17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:			
	a. NAME	CONSUMER PRODUCT SAFETY COMMISSION		\$13,392.83
	b. STREET ADDRESS (or P.O. Box)	DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		
c. CITY	d. STATE	e. ZIP CODE	\$13,392.83	17(i) GRAND TOTAL
	BETHESDA	MD	20814	

22 UNITED STATES OF AMERICA BY (Signature)	23. NAME (Typed) Doris B. Kessler TITLE. CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

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DATE OF ORDER
03/03/2010

CONTRACT NO
CPSC-N-10-0121

ORDER NO

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 Accounting Info: 0100A10DPS 2010 1117900000 EXFM004310 252E0 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 554 MAXIMUM QTY: 2,771 Period of Performance: 10/01/2009 to 09/30/2010	2217	EA	4.85	10,752.45	
0002	ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 88 MAXIMUM QTY: 875 Period of Performance: 10/01/2009 to 09/30/2010	875	EA	1.21	1,058.75	
0003	REIMBURSEMENT FOR TRAINING COSTS. Period of Performance: 10/01/2009 to 09/30/2010	1	LT	1,581.63	1,581.63	
0004	OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. MINIMUM QTY: 950 MAXIMUM QTY: 4,750 Continued ...	3800	EA	4.85	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$13,392.83

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER 03/03/2010	CONTRACT NO. CPSC-N-10-0121	ORDER NO
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0005	<p>Amount: \$18,430.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 \$18,430.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 150 MAXIMUM QTY: 1,500 Amount: \$1,815.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117790000-EXFM004310-252E0 \$1,815.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$33,637.83. The obligation for this award is shown in box 17(i).</p>	1500	EA	1.21	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00