

2. AMENDMENT/MODIFICATION NO. 0007
 3. EFFECTIVE DATE 04/20/2011
 4. REQUISITION/PURCHASE REQ. NO.
 5. PROJECT NO. (If applicable)

6. ISSUED BY CODE FMPS
 CONSUMER PRODUCT SAFETY COMMISSION
 DIV OF PROCUREMENT SERVICES
 4330 EAST WEST HWY
 ROOM 517
 BETHESDA MD 20814
 7. ADMINISTERED BY (If other than Item 6) CODE

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)
 DOCTORS COMMUNITY HOSPITAL
 ATTN DENNIS SCANLON CFO
 8118 GOOD LUCK ROAD
 LANHAM MD 20706
 9A. AMENDMENT OF SOLICITATION NO.
 9B. DATED (SEE ITEM 11)
 X 10A. MODIFICATION OF CONTRACT/ORDER NO.
 CPSC-N-10-0002
 10B. DATED (SEE ITEM 13)
 10/29/2009
 CODE FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended.
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$1,000.00
 0100A11DPS 2011 1117900000 EXFM004310 253E0

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE
 A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
 B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
 C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
 D. OTHER (Specify type of modification and authority)
 X UNILATERAL MODIFICATION, FAR 43.103 (b)

E. IMPORTANT: Contractor is not, is required to sign this document and return 0 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
 DUNS Number:
 HOSPITAL ID# 5P591085

The purpose of this modification is to provide reimbursement for participation in a NIOSH special study as follows:

Add Item No. 6 as follows: (see page 2).

For FY-2011 the total amount of this contract is increased by \$1,000.00, from \$31,584.00 to \$32,584.00.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 8A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)
 15B. CONTRACTOR/OFFEROR
 15C. DATE SIGNED
 15D. UNITED STATES OF AMERICA
 15E. SIGNATURE OF CONTRACTING OFFICER
 15F. DATE SIGNED
 04/20/2011

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 CPSC-N-10-0002/0007

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NAME OF OFFEROR OR CONTRACTOR
 DOCTORS COMMUNITY HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0006	Add Item 0006 as follows: REIMBURSEMENT FOR PARTICIPATION IN A NIOSH SPECIAL STUDY FOR CDC IN ACCORDANCE WITH THE FOLLOWING STATEMENT OF WORK. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.	1	LT	1,000.00	1,000.00

OPTION PERIOD - FY-2011

Add the following new item:

ITEM SUPPLIES/SERVICES #	QUANTITY (Estimated)	UNIT PRICE	AMOUNT
6. Reimbursement for participation In a NIOSH special study for CDC in accordance with the following Statement of Work:	1 lt.	\$1,000.00	\$1,000.00

Section C.3.a., STATEMENT OF WORK, add the following:

(7) SPECIAL STUDY ON NIOSH WORK-RELATED INJURIES

- a. The Contractor shall collaborate with hospital staff and arrange and provide on-site for access to approximately 1,000 emergency department records at Doctor's Community Hospital, Lanham, Maryland.
- b. Representatives of the National Institute of Occupational Safety and Health (NIOSH), Centers for Disease Control (CDC) shall review the records for information relevant to the work-related special study being conducted by CPSC and CDC through the NEISS.
- c. The Contractor shall assist the CDC representative(s) during this records survey.
- d. The Contractor shall conduct this one-time survey at Doctor's Community Hospital for a two or three day period.
- e. The Contractor shall be reimbursed \$1,000.00 for this one-time effort and accommodation for CDC/CPSC.
- f. Performance of this survey shall be completed by September 15th, 2011.