## Amendment of Solicitation/Modification of Contract

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0005</td>
<td>Contract ID Code</td>
</tr>
<tr>
<td>09/30/2010</td>
<td>Effective Date</td>
</tr>
<tr>
<td>FMPS</td>
<td>Issued By Code</td>
</tr>
<tr>
<td>CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</td>
<td>Administered By Code</td>
</tr>
<tr>
<td>Name and Address of Contractor: THE RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS ATTN GARY A SMITH MD DRPH 700 CHILDRENS DRIVE COLUMBUS OH 43205-2696</td>
<td>Code</td>
</tr>
</tbody>
</table>

### Accounting and Appropriation Data (If Required)

Net Decrease: -$3,723.20

### Description of Amendment/Modification

Modification No. 0005 adjusts the quantity of surveillance reports for FY-2010 as follows:

For FY-2010 the total amount of this contract is decreased by $3,723.20, from $102,957.40 to $99,234.20.

Continued...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

### Name and Title of Signer

Doris B. Kessler

### Date Signed

09/30/2010

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Unilateral Modification, FAR 43.103(b)

DUNS Number: 7V061042

PERIOD PERFORMANCE: 10/01/09 THRU 09/30/10

HOSPITAL ID# 7V061042
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):

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>ESTIMATED QUANTITY</td>
<td>-716 EA</td>
<td>5.20</td>
<td>3,723.20</td>
<td></td>
</tr>
</tbody>
</table>

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:
0109A10BPS-2010-1117900000-EXFM004310-252E0
Funded: -$3,723.20

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.