PAGE NO. 1

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 01/20/2010

2. CONTRACT NO. (If any) CPSC-N-10-0087

3. ORDER NO. 

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

7. TO KEN SABULSKI DIRHEALTH INFO MG
   a. NAME OF CONTRACTOR
   BRANDYWINE HOSPITAL
   b. COMPANY NAME
   c. STREET ADDRESS
   201 REECEVILLE RD

9. ACCOUNTING AND APPROPRIATION DATA
   See Schedule

10. REQUISITIONING OFFICE
    CONSUMER PRODUCT SAFETY COMMISSION

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
   □ a. SMALL □ b. OTHER THAN SMALL 
   □ c. DISADVANTAGED □ d. WOMEN-OWNED 
   □ e. HUBZone □ f. EMERGING SMALL BUSINESS

12. F.O.B. POINT

13. PLACE OF
    a. INSPECTION
    b. ACCEPTANCE

14. GOVERNMENT BILL NO.

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)
    (Multiple) Net 30

17. SCHEDULE (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO. (a)</th>
<th>SUPPLIES OR SERVICES (b)</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT (d)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUNS Number: HOSPITAL ID: 1P513045</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This contract is being incrementally funded in the amount of $3,330 for the period of October 1, 2009 through March 31, 2010. Continued</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. SHIP TO
   a. NAME CONSUMER PRODUCT SAFETY COMMISSION
   b. STREET ADDRESS DIVISION OF FINANCIAL SERVICES
   4330 EAST WEST HWY
   ROOM 522
   c. CITY BETHESDA
   d. STATE MD
   e. ZIP CODE 20814

19. GROSS SHIPPING WEIGHT

20. INVOICE NO.: $3,330.00

21. MAIL INVOICE TO:
   a. NAME CONSUMER PRODUCT SAFETY COMMISSION
   b. STREET ADDRESS DIVISION OF FINANCIAL SERVICES
   4330 EAST WEST HWY
   ROOM 522
   c. CITY BETHESDA
   d. STATE MD
   e. ZIP CODE 20814

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed): Doris B. Kessler
    TITLE: CONTRACTING/ORDERING OFFICER

OPTIONAL FORM 347 (Rev. 04/06)
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Prepared by GSA/FAR 48 CFR 53 213(e)
## Order for Supplies or Services

### Schedule - Continuation

**01/20/2010**

**CPSC-N-10-0087**

**Date of Order**

**Contract No.**

**Order No.**

**Item No.**

**Supplies/Services**

<table>
<thead>
<tr>
<th>Quantity Ordered</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4500 EA</td>
<td>0.74</td>
<td>3,330.00</td>
</tr>
</tbody>
</table>

**0001**

*Estimated Quantity*

Additional funding will be provided, by modification, when funds become available.

**Minimum Qty:**

2,250

**Maximum Qty:**

11,250

**Delivery:** 09/30/2010

**Accounting Info:**

10-PS-EXFM-4310-11179-252E

**Funded:** $3,330.00

**Period of Performance:** 10/01/2009 to 09/30/2010

**Option Period:** 10/01/10 thru 09/30/11

**0002**

**Estimated Quantity**

Access only to NEISS Surveillance Reports, Special Survey Reports and Supplemental/Special Study Reports in accordance with the attached statement of work.

**Minimum Qty:**

2,250

**Maximum Qty:**

11,250

**Amount:** $6,660.00 (Option Line Item)

**10/01/2010**

**Delivery:** 09/30/2011

**Accounting Info:**

11-PS-EXFM-4310-11179-252E

**Funded:** $0.00

**$6,660.00 (Subject to Availability of Funds)**

**$0.00 (Subject to Availability of Funds)**

**Period of Performance:** 10/01/2010 to 09/30/2011

**The total amount of award:** $9,990.00. The obligation for this award is shown in box 17(i).