

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<br>01/20/2010 | 2. CONTRACT NO. (If any)<br>CPSC-N-10-0089 | 6. SHIP TO:<br>a. NAME OF CONSIGNEE<br>CONSUMER PRODUCT SAFETY COMMISSION |
|--------------------------------|--|---|

|              |                              |
|--------------|------------------------------|
| 3. ORDER NO. | 4. REQUISITION/REFERENCE NO. |
|--------------|------------------------------|

|   |   |
|---|---|
| 5. ISSUING OFFICE (Address correspondence to)<br>CONSUMER PRODUCT SAFETY COMMISSION<br>DIV OF PROCUREMENT SERVICES<br>4330 EAST WEST HWY<br>ROOM 517<br>BETHESDA MD 20814 | b. STREET ADDRESS<br>DIV OF HAZARD & INJURY DATA SYS<br>4330 EAST WEST HIGHWAY<br>ROOM 604-26 |
|---|---|

|                     |                |                      |
|---------------------|----------------|----------------------|
| c. CITY<br>BETHESDA | d. STATE<br>MD | e. ZIP CODE<br>20814 |
|---------------------|----------------|----------------------|

|                                    |             |
|------------------------------------|-------------|
| 7. TO: PAUL K KERCHO CONTRACTS MGR | f. SHIP VIA |
|------------------------------------|-------------|

|  |                 |   |
|--|-----------------|---|
| a. NAME OF CONTRACTOR<br>COOK CHILDRENS MEDICAL CENTER | b. COMPANY NAME | 8. TYPE OF ORDER<br><input checked="" type="checkbox"/> a. PURCHASE<br><input type="checkbox"/> b. DELIVERY |
|--|-----------------|---|

|                                      |                 |   |
|--------------------------------------|-----------------|---|
| c. STREET ADDRESS<br>801 SEVENTH AVE | REFERENCE YOUR: | 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. |
| d. CITY<br>FORT WORTH                | e. STATE<br>TX  |   |

|                      |  |
|----------------------|--|
| f. ZIP CODE<br>76104 | 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. |
|----------------------|--|

|  |   |
|--|---|
| 9. ACCOUNTING AND APPROPRIATION DATA<br>10 PS EXFM 4310 11179 252E | 10. REQUISITIONING OFFICE<br>CONSUMER PRODUCT SAFETY COMMISSION |
|--|---|

|   |                                 |
|---|---------------------------------|
| 11. BUSINESS CLASSIFICATION (Check appropriate box(es))<br><input type="checkbox"/> a. SMALL<br><input checked="" type="checkbox"/> b. OTHER THAN SMALL<br><input type="checkbox"/> c. DISADVANTAGED<br><input type="checkbox"/> d. WOMEN-OWNED<br><input type="checkbox"/> e. HUBZone<br><input type="checkbox"/> f. EMERGING SMALL BUSINESS<br><input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED | 12. F.O.B. POINT<br>Destination |
|---|---------------------------------|

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

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]<br>BASIC CONTRACT: 167017090 THRU 09/30/10<br>HOSPITAL ID# 7T071042<br><br>This contract is being incrementally funded in the amount of \$5,850.36 for the period Continued ... |                      |          |                |            |                       |

|   |                           |                      |                           |
|---|---------------------------|----------------------|---------------------------|
| 18. SHIPPING POINT  | 19. GROSS SHIPPING WEIGHT | 20. INVOICE NO.      | 17(h) TOTAL (Cont. pages) |
| 21. MAIL INVOICE TO   |                           |                      |                           |
| a. NAME<br>CONSUMER PRODUCT SAFETY COMMISSION   |                           |                      | \$5,850.36                |
| b. STREET ADDRESS (or P.O. Box)<br>DIVISION OF FINANCIAL SERVICES<br>4330 EAST WEST HWY<br>ROOM 522 |                           |                      | 17(i) GRAND TOTAL         |
| c. CITY<br>BETHESDA   | d. STATE<br>MD            | e. ZIP CODE<br>20814 |                           |

|   |   |
|---|---|
| 22. UNITED STATES OF AMERICA BY (Signature)<br> | 23. NAME (Typed)<br>Doris B. Kessler<br>TITLE: CONTRACTING/ORDERING OFFICER |
|---|---|

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

PAGE NO

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DATE OF ORDER

CONTRACT NO

ORDER NO.

01/20/2010

CPSC-N-10-0089

| ITEM NO.<br>(a) | SUPPLIES/SERVICES<br>(b)  | QUANTITY<br>ORDERED<br>(c) | UNIT<br>(d) | UNIT<br>PRICE<br>(e) | AMOUNT<br>(f) | QUANTITY<br>ACCEPTED<br>(g) |
|-----------------|---|----------------------------|-------------|----------------------|---------------|-----------------------------|
|                 | <p>October 1, 2009 through February 28, 2010.<br/>Additional funding will be provided, by<br/>modification, when funds become available.</p> <p>TOTAL QTY FOR ITEM #1:     5,417/ea</p> <p>Admin Office:<br/> CONSUMER PRODUCT SAFETY COMMISSION<br/> DIV OF PROCUREMENT SERVICES<br/> 4330 EAST WEST HWY<br/> ROOM 517<br/> BETHESDA MD 20814</p>                                |                            |             |                      |               |                             |
| 0001            | <p>ESTIMATED QUANTITY<br/> ACCESS ONLY TO NEISS SURVEILLANCE REPORTS,<br/> SPECIAL SURVEY REPORTS AND<br/> SUPPLEMENTAL/SPECIAL STUDY REPORTS IN<br/> ACCORDANCE WITH THE ATTACHED STATEMENT OF<br/> WORK.</p> <p>MINIMUM QTY:             3,250<br/> MAXIMUM QTY:             16,250</p> <p>Period of Performance: 10/01/2009 to<br/> 09/30/2010</p>                             | 5417                       | EA          | 1.08                 | 5,850.36      |                             |
| 0002            | <p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY<br/> ACCESS ONLY TO NEISS SURVEILLANCE REPORTS,<br/> SPECIAL SURVEY REPORTS AND<br/> SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY:             3,250<br/> MAXIMUM QTY:             16,250<br/> Amount: \$14,040.00 (Option Line Item)<br/> 10/01/2010</p> <p>Accounting Info:<br/> Continued ...</p> | 13000                      | EA          | 1.08                 | 0.00          |                             |

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

\$5,850.36

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

PAGE NO

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DATE OF ORDER  
01/20/2010

CONTRACT NO  
CPSC-N-10-0089

ORDER NO.

| ITEM NO.<br>(a) | SUPPLIES/SERVICES<br>(b)   | QUANTITY<br>ORDERED<br>(c) | UNIT<br>(d) | UNIT<br>PRICE<br>(e) | AMOUNT<br>(f) | QUANTITY<br>ACCEPTED<br>(g) |
|-----------------|--|----------------------------|-------------|----------------------|---------------|-----------------------------|
|                 | 11-PS-EXFM-4310-11179-252E<br>\$0.00 (Subject to Availability of<br>Funds)<br>Period of Performance: 10/01/2010 to<br>09/30/2011<br><br>The total amount of award: \$19,890.36. The<br>obligation for this award is shown in box<br>17(i). |                            |             |                      |               |                             |

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

\$0.00