**ORDER FOR SUPPLIES OR SERVICES**

1. **DATE OF ORDER**: 03/23/2010

2. **CONTRACT NO.** (if any): CFSC-N-10-0133

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

6. **SHIP TO**

   a. **NAME OF CONSIGNEE**: CONSUMER PRODUCT SAFETY COMMISSION
   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**: ROBBIN CURLEE CFO

8. **NAME OF CONTRACTOR**
   JACKSONVILLE MEDICAL CENTER

9. **ACCOUNTING AND APPROPRIATION DATA**
   See Schedule

10. **BUSINESS CLASSIFICATION**
    (Check appropriate box(es))
    a. SMALL
    b. OTHER THAN SMALL
    c. DISADVANTAGED
    d. WOMEN-OWNED
    e. HUBZone
    f. EMERGING SMALL BUSINESS
    g. SERVICE-DISABLED VETERAN-OWNED

11. **PLACE OF DESTINATION**

12. **GOVERNMENT BILL NO.**

13. **DELIVER TO F.O.B. POINT**

14. **DISCOUNT TERMS**
    Net 30

15. **SCHEDULE**
    (See reverse for Rejections)

16. **REQUISITIONING OFFICE**
    CONSUMER PRODUCT SAFETY COMMISSION

17. **SHIPPING POINT**

18. **GROSS SHIPPING WEIGHT**

19. **INVOICE NO.**

20. **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

21. **DUNS NUMBER**: 3A14055

22. **UNITED STATES OF AMERICA BY** (Signature) [Signature]

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

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**Continued...**

**ITEM NO.**

**SUPPLIES OR SERVICES**

**QUANTITY ORDERED**

**UNIT**

**UNIT PRICE**

**AMOUNT**

**QUANTITY ACCEPTED**

**DUNS Number**: 3A14055

**BASIC CONTRACT**: 10/01/09 THRU 09/30/10

**HOSPITAL ID#**: 3A14055

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

**DATE OF ORDER:** 03/23/2010  
**CONTACT NO:** CPSC-N-10-0133

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<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<tr>
<td>0001</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>3500 EA</td>
<td>4.13</td>
<td>14,455.00</td>
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<td>MAXIMUM QTY: 4,375</td>
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Accounting Info:  
0100A10DPS-2010-1117900000-EXFM004310-252EO  
Funded: $14,455.00  
Period of Performance: 10/01/2009 to 09/30/2010

| 0002     | SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. | 450 EA | 1.03 | 463.50 | |
|          | MINIMUM QTY: 45 | MAXIMUM QTY: 450 | |

Accounting Info:  
0100A10DPS-2010-1117900000-EXFM004310-252EO  
Funded: $463.50  
Period of Performance: 10/01/2009 to 09/30/2010

| 0003     | OPTION PERIOD: 10/01/10 THRU 09/30/11 | 3500 EA | 4.13 | 0.00 | |
|          | ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. | |
|          | MINIMUM QTY: 875 | Continued ... | |

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

$14,918.50
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The total amount of award: $29,837.00. The obligation for this award is shown in box 17(i).