**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. **CONTRACT ID CODE**: 0001
2. **AMENDMENT/MODIFICATION NO.**: 0001
3. **EFFECTIVE DATE**: 09/16/2010
4. **REQUISITION/PURCHASE REQ. NO.**: 010A
5. **PROJECT NO. (If applicable)**: CPSC-N-10-0152
6. **ISSUED BY**: CONSUMER PRODUCT SAFETY COMMISSION
7. **ADMINISTERED BY (If other than Item 6)**: FMPS

**CONSUMER PRODUCT SAFETY COMMISSION**
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

**NAME AND ADDRESS OF CONTRACTOR**: HUNTINGTON MEMORIAL HOSPITAL

**ATTN**: ANGEL HOVANESSIAN DIRECTOR
100 WEST CALIFORNIA BOULEVARD
PASADENA CA 91109-7013

**CODE**: FMPS
**FACILITY CODE**: 04/14/2010

**NAME AND ADDRESS OF CONTRACTOR**: HUNTINGTON MEMORIAL HOSPITAL

**ATTN**: ANGEL HOVANESSIAN DIRECTOR
100 WEST CALIFORNIA BOULEVARD
PASADENA CA 91109-7013

**CODE**: FMPS
**FACILITY CODE**: 04/14/2010

**10c AMENDMENT OF SOLICITATION NO.**

**10A MODIFICATION OF CONTRACT/ORDER NO.**

**10A MODIFICATION OF CONTRACT/ORDER NO.**

**10B DATED (SEE ITEM 11)**

**10C MODIFICATION OF CONTRACT/ORDER NO.**

**10C DATED (SEE ITEM 13)**

**CODE**: FMPS
**FACILITY CODE**: 04/14/2010

**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)**

<table>
<thead>
<tr>
<th>Net Increase:</th>
<th>$1,490.73</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTING AND APPROPRIATION DATA (If required)</td>
<td></td>
</tr>
<tr>
<td>0100A10DFS-2010-1117900000-EXNM004310-252EO</td>
<td></td>
</tr>
</tbody>
</table>

**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 10C.

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:

☐ OTHER (Specify type of modification and authority)

☐ UNILATERAL MODIFICATION, FAR 43.103(b)

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

**14 DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible)**

**DUNS Number:** 0100A10DFS-2010-1117900000-EXNM004310-252EO

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

**HOSPITAL ID#** 8L192018

Modificatin No. 0001 adjusts the quantity of surveillance reports for FY-2010 as follows:

**ITEM #1** is changed as follows: (see page 2).

For FY-2010 the total amount of this contract is increased by $2,490.73, from $17,205.00 to $18,695.73.

Continued ...
TOTAL QTY FOR ITEM #1: 16,843/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>ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>1343 EA</td>
<td>1.11</td>
<td>1,490.73</td>
<td></td>
</tr>
</tbody>
</table>

MINIMUM QTY: 3,875
MAXIMUM QTY: 19,375

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