

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 03/05/2010		2 CONTRACT NO. (If any) CPSC-N-10-0126		6. SHIP TO	
3. ORDER NO.		4. REQUISITION/REFERENCE NO.		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
5 ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				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 JOHN BRENNAN PRACTICE MGR ER SVC				f. SHIP VIA	
a. NAME OF CONTRACTOR MASSACHUSETTS GENERAL HOSPITAL				8. TYPE OF ORDER	
b. COMPANY NAME				<input checked="" type="checkbox"/> a. PURCHASE	
c. STREET ADDRESS 0 EMERSON PLACE CO EMERGENCY DEPT SUITE 104				REFERENCE YOUR: 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.	
d. CITY BOSTON		e. STATE MA	f. ZIP CODE 02114		
9 ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION	
11 BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d WOMEN-OWNED <input type="checkbox"/> e HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS				12. F.O.B POINT	

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

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] HOSPITAL ID# 8B232018 Accounting Info: 0100A10DPS 2010 1117900000 EXFM004310 252E0 Continued ...					

18 SHIPPING POINT		19 GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont pages)
21 MAIL INVOICE TO						
SEE BILLING INSTRUCTIONS ON REVERSE	a. NAME CONSUMER PRODUCT SAFETY COMMISSION				\$22,288.00	17(i) GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522					
	c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814		\$22,288.00	

22 UNITED STATES OF AMERICA BY (Signature) 		23. NAME (Typed) Doris B. Kessler TITLE CONTRACTING/ORDERING OFFICER	
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Todd Stevens SM

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

PAGE NO

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DATE OF ORDER 03/05/2010 CONTRACT NO. CPSC-N-10-0126

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 1,400 MAXIMUM QTY: 7,000</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p>	5600	EA	3.98	22,288.00	
0002	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 1,400 MAXIMUM QTY: 7,000 Amount: \$22,288.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310- 252E0 \$27,860.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$44,576.00. The obligation for this award is shown in box 17(i).</p>	5600	EA	3.98	0.00	

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

\$22,288.00