

## **Contract Number**

21-355 A-2

SAP Number 4400003653

## **Arrowhead Regional Medical Center**

Department Contract Representative Telephone Number	William L. Gilbert, Director (909) 580-6150
Contractor Contractor Representative Telephone Number Contract Term	Sysmex America, Inc. Laurie Hopkins (847) 361-2447 May 23, 2018 through May 22, 2023
Original Contract Amount Amendment Amount Total Contract Amount Cost Center	NTE \$1,373,102 NTE \$500,000 NTE \$1,873,102 7500

## **AMENDMENT NO. 2**

SAN BERNARDINO COUNTY on behalf of Arrowhead Regional Medical Center ("Customer") and SYSMEX AMERICA, INC. agree to amend the terms of the Custom Cost-Per-Reportable Agreement with an effective date of May 23, 2018 ("Agreement"), and previously amended on May 18, 2021 ("Amendment No. 1"), as follows, effective on last date this Amendment No. 2 is executed by the parties:

- 1. The total not-to-exceed contract amount specified in SECTION III: CUSTOMER COMMITTEE SUMMARY, as previously added in Amendment No. 1, shall be revised to read as follows:
  - "The total contract amount shall not exceed \$1,873,102."
- 2. All references to "County of San Bernardino" in the Agreement shall be amended to read as "San Bernardino County".
- All other terms and conditions of the Agreement shall remain in full force and effect.
- 4. This Amendment No. 2 may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding

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on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

Curt Hagman, Chairman, Board of Supervisors

SYSMEX AMERICA, INC.

(Print or type name of corporation, company, contractor, etc.)

(Authorized signature - sign in blue ink)

Dated:		Name	
SIGNED AND CERTIFIED THAT A COF	PY OF THIS		(Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED T			
CHAIRMAN OF THE BOARD	· · · · <u>-</u>	Title	
Lynna Monell		1 III	(Print or Type)
Clerk of the Board of	Supervisors		(Print or Type)
San Bernardino Coul	nty		
Ву		Dated:	
By		Dated.	
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		Address	
FOR COUNTY USE ONLY			
Approved as to Legal Form	Reviewed for Contract Comp	liance	Reviewed/Approved by Department
<b>L</b>			<b>&gt;</b>
Charles Phan, Deputy County Counsel	<u> </u>		William L. Gilbert, Director
			Trimain E. Ondort, Director
Date	Date		Date
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