



Contract Number

21-294 A-1

SAP Number

4400017502

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>Cepheid</u>
Contractor Representative	<u>Sean Burgess</u>
Telephone Number	<u>(858) 926-9407</u>
Contract Term	<u>March 24, 2021 through December 31, 2022</u>
Original Contract Amount	<u>Not-to-Exceed \$600,000</u>
Amendment Amount	<u>\$1,027,800</u>
Total Contract Amount	<u>Not-to-Exceed \$1,627,800</u>
Cost Center	<u>7522</u>

AMENDMENT NO. 1

San Bernardino County on behalf of Arrowhead Regional Medical Center ("County") and Cepheid agree to amend the terms of Sales Quote No. 0020066040 (fully executed on March 24, 2021) ("Quote"), as follows, effective on the date this Amendment No. 1 ("Amendment") is fully executed by the parties:

1. The following provision is deleted from the Quote: "Amount not to exceed \$600,000".
2. The following provision is added to the Quote: "Amount not to exceed \$1,627,800".
3. The expiration date for the quote shall be extended from April 1, 2022 to December 31, 2022, such that the term of the Quote will be from March 24, 2021 through December 31, 2022.
4. All references to "County of San Bernardino" in the Quote shall be amended to read as "San Bernardino County".
5. The following is also added to the Quote and available for purchase by the County:

LINE	ITEM NO.	QTY	UOM	UNIT PRICE	DISCOUNT	NET PRICE	EXTENDED PRICE
1	XP3COV2/FLU/RSV-10	1.00	EA	USD 1,040.00	USD -360.00	USD 680.00	USD 680.00
KIT,XPRESS,COV-2/FLU/RSV PLUS,10 TEST							
2	XPRSARS-COV2-10	1.00	EA	USD 385.00	USD 0.00	USD 385.00	USD 385.00
KIT,XPRESS,SARS-COV-2,10 TEST							

- All other terms and conditions of the Quote shall remain in full force and effect.
- This Amendment 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 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

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

▶ _____
 Curt Hagman, Chairman, Board of Supervisors

By ▶ _____
(Authorized signature - sign in blue ink)

Dated: _____
 SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Name _____
(Print or type name of person signing contract)

Lynna Monell
 Clerk of the Board of Supervisors
 San Bernardino County

Title _____
(Print or Type)

By _____
 Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
 ▶ _____
 Charles Phan, Deputy County Counsel
 Date _____

Reviewed for Contract Compliance
 ▶ _____
 Date _____

Reviewed/Approved by Department
 ▶ _____
 William L. Gilbert, Director
 Date _____