



Contract Number

SAP Number
4400003653

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert, Director</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>Sysmex America, Inc.</u>
Contractor Representative	<u>Laurie Hopkins</u>
Telephone Number	<u>(847) 361-2447</u>
Contract Term	<u>May 23, 2018 through May 22, 2023</u>
Original Contract Amount	<u>\$1,073,102</u>
Amendment Amount	<u>\$300,000</u>
Total Contract Amount	<u>\$1,373,102</u>
Cost Center	<u>9175004200</u>

AMENDMENT NO. 1

The COUNTY OF SAN BERNARDINO 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"), as follows, effective on last date this Amendment No. 1 is executed by the parties:

1. Revise SECTION II: CUSTOMER COMMITTEE SUMMARY to the Custom Cost-Per-Reportable Agreement as follows:
"Pricing Summary Totals" table shall be updated to reflect the below:
 - The new total contract amount shall not exceed \$1,373,102.
2. For purposes of clarity, the parties agree that the Agreement is effective through May 22, 2023.
3. All other terms and conditions of the Agreement shall remain in full force and effect.
4. This Amendment No. 1 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.

COUNTY OF SAN BERNARDINO

►

Curt Hagman, Chairman, Board of Supervisors

Dated: _____

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

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

By _____
Deputy

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

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

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

Title _____
(Print or Type)

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 _____