

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

20-1071-A-5

SAP Number

4400015802

Arrowhead Regional Medical Center

Department Contract Representative Andrew Goldfrach
Telephone Number (909) 580-6150

Contractor CareFusion Solutions, LLC
Contractor Representative Brooke Clark
Telephone Number (480) 454-9793
Contract Term October 27, 2020 through the last day of the support term for a product
Original Contract Amount \$3,270,074
Amendment Amount \$132,420
Total Contract Amount \$3,402,494
Cost Center 9177104200

AMENDMENT NO. 5

This Amendment No. 5 (this "Amendment") dated May 21, 2024 is made by and between CareFusion Solutions, LLC ("CareFusion"), and San Bernardino County on behalf of Arrowhead Regional Medical Center ("Customer") and modifies the terms to Agreement executed between the parties as of October 27, 2020 ("Agreement"), as previously amended on January 13, 2021, July 13, 2021, March 15, 2022, and October 24, 2023:

1. The Customer Orders identified under Schedule 1, attached hereto, shall be added to the Master Agreement as **Exhibit B**
2. Section 6.1 of the Agreement shall be deleted and replaced with the following:
 - 6.1 This Master Agreement is effective as October 27, 2020, and expires as of the latest Term End Date (as defined below) of a Product under a Customer Orders identified under **Exhibit B** of the Master Agreement. "Term End Date" shall be the last day of the Support Term for a Product under a Customer Order.
3. Section 6.3 (*Termination without Cause*) shall be deleted and replaced with the following:

6.3 Termination without Cause. [Intentionally Omitted.]

4. Section 6.4 (*Termination for Non-Appropriation*) shall be deleted and replaced with the following:

6.4 Termination for Non-Appropriation. Customer may terminate any Customer Agreement for non-appropriation immediately upon notice of termination of funding from non-County sources, or within sixty (60) days after the San Bernardino County Board of Supervisors' final approval of a fiscal budget, if the Customer Agreement is not funded in the budget as approved for any fiscal period during any Rental Term, Support Term or Subscription Term (as applicable to a Product) for which payments are due, and provided that (i) funds are not otherwise available to satisfy such obligations, (ii) there is no other legal procedure of available funds by or with which payment can be made to CareFusion, and (iii) the non-appropriation of funds did not result from any act or omission by Customer. The termination shall be effective upon expiration of any previously appropriated funds. The Parties may agree upon an equitable adjustment to the fees for valid documented expenses or losses incurred by CareFusion as a result of the termination, but no amount shall be allowed for anticipated profit or unperformed services.

5. **Campaign Contribution Disclosure (SB 1439).** CareFusion has disclosed to Customer using Attachment A - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the San Bernardino County ("County") Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of CareFusion's proposal to the County, or (2) 12 months before the date this Agreement was approved by the County Board of Supervisors. CareFusion acknowledges that under Government Code section 84308, CareFusion is prohibited from making campaign contributions of more than \$250 to any member of the County Board of Supervisors or other County elected officer for 12 months after the County's consideration of the Agreement. In the event of a proposed amendment to this Agreement, CareFusion will provide Customer a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the County Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment. Campaign contributions include those made by any agent/person/entity on behalf of CareFusion or by a parent, subsidiary or otherwise related business entity of CareFusion.
6. **Full Force and Effect.** The Agreement, as amended by this Amendment, remains in full force and effect.
7. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement or the Amendment, as applicable.
8. **Counterparts.** This Amendment may be signed in one or more counterparts, each of which shall be deemed an original but all of which taken together shall constitute one and the same instrument. A facsimile or e-mail transmission of a signed version of this Amendment shall be legal and binding on all parties.
9. 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.

[Signature on the following page.]

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

CAREFUSION SOLUTIONS, LLC

►
Dawn Rowe, Chair, Board of Supervisors

By ►

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 San Bernardino County

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

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Bonnie Uphold, Supervising Deputy County Counsel	►	► Andrew Goldfrach, ARMC Chief Executive Officer
Date _____	Date _____	Date _____

Schedule 1

Customer Orders Schedule

Customer Order Numbers
1000193267
1000150691
2000020785
1000213791
1000237033
1000259472
1000259471
1000249435
1000258436
1000258470
1000259438



Attachment A

Campaign Contribution Disclosure (Senate Bill 1439)

DEFINITIONS

Actively supporting the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources, or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.

1. Name of Contractor: ***CareFusion Solutions, LLC***

2. Is the entity listed in Question No. 1 a non-profit organization under Internal Revenue Code section 501(c)(3)?

Yes ☐ If yes, skip Question Nos. 3 - 4 and go to Question No. 5.

No ☒

3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: N/A

4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s): CareFusion 303, Inc.

5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
Becton, Dickinson and Company	Ultimate Parent
CareFusion 2200, Inc. (sole shareholder of CareFusion 303, Inc.) ; CareFusion Corporation (sole shareholder of CareFusion 2200, Inc.)	

6. Name of agent(s) of Contractor:

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district:

Company Name	Subcontractor(s):	Principal and/or Agent(s):
N/A		

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
N/A	

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No ☒ If **no**, please skip Question No. 10.

Yes ☐ If **yes**, please continue to complete this form.

10. Name of Board of Supervisor Member or other County elected officer: _____ Name of

Contributor: N/A_____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing below, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while this matter is pending and for 12 months after a final decision is made by the County.

Signature

Date

Print Name

Print Entity Name, if applicable

Customer Information			
Sold To:		Ship To:	Bill To
Legal Name:	SAN BERNARDINO COUNTY		Same as (Circle) Sold To: Ship To:
DBA:	ARROWHEAD REGIONAL MEDICAL CENTER	ARROWHEAD REGIONAL MEDICAL CENTER	
Street Address:	400 N PEPPER AVE	400 N PEPPER AVE	
City,St.,Zip:	COLTON, CA 92324-1819	COLTON, CA 92324-1819	
Customer No.	6546900	6546900	

1. **Customer Orders.** Effective as of the date of both signatures below ("**Effective Date**"), this Customer Order is entered by and between CareFusion and Customer as separate and distinct agreements (combined for administrative convenience) for: (i) Rental Equipment and/or Software listed in the Product Schedule attached hereto and incorporated by this reference (each, a "**Product**" and, collectively, the "**Products**"); and (ii) Services applicable to the Products (collectively, the "**Customer Orders**"). The Customer Orders will be governed by the latest Master Agreement and Schedule(s) in effect between the Parties and applicable to the Products and Services ("**Master Agreement**"). Any reference to a "**Rental Term(s)**" or "**Rental Fee(s)**" in relation to Software will alternately refer to "**Subscription Term(s)**" or "**Subscription Fee(s)**", respectively. Notwithstanding the foregoing, if applicable to the Products hereunder, any reference to (a) "**Master Agreement**" will alternately refer to the Master Rental Terms and Conditions or Master Support Terms and Conditions and (ii) "**Customer Order**" will alternately refer to "**Rental Agreement**" or "**Support Agreement.**"

2. **Configurations.** Pricing set forth on the product schedules attached to these Customer Orders is based on the specific configuration, including type and quantities of drawers in the Products, as applicable. Any changes to the products or configurations may result in a change in pricing, subject to the applicable Group Purchasing Organization Agreement or other related pricing agreements between the Parties. Customer's execution of the Equipment Confirmation form shall be confirmation of the Customer's intended final configuration of the Products as Accepted.

Any one-time shipping, implementation or service fees listed on the Product Schedule attached hereto ("**One-Time Fees**") will be invoiced on the first day of the month following the date the Agreement is signed by both Parties and shall be due and payable net 30 days from the date of the invoice.

Will a Purchase Order be required for payment of the financial obligation proposed under this Customer Order?(Please Circle)			Copies of this Customer Order will be sent to Ship To signer listed above. When complete, additional copies will be sent to the following address:		
Yes	No	Rental PO#:	Name:		
		Support PO#:	Street Address:		
			City,St.,Zip:		

Each person signing this document represents that he/she intends to and has the authority to bind his/her respective Party to the Rental Customer Order and the separate Support Customer Order.	
SAN BERNARDINO COUNTY	
CAREFUSION SOLUTIONS, LLC	
ATTN: CONTRACTS, 3750 TORREY VIEW CT, SAN DIEGO, CA 92130 888.876.4287	
Sign:	Sign:
Print: Dawn Rowe	Print: Nicholas Marchand
Title: Chair, Board of Supervisors	Title: Sr. Manager, MMS Capital Contracts
Date:	Date:



Customer Order
Product Schedule

Customer Order : 1000259436

Sold To: ARROWHEAD REGIONAL MEDICAL CENTER #6546900
Ship To: ARROWHEAD REGIONAL MEDICAL CENTER #6546900
GPO: VIZIENT CE7136 DISPENSING CE7136

Product Discounts:
GPO: 29 %
Support Level: Enhanced
Rental and Support Term: 60 months

The fees stated in this Customer Order are offered by CareFusion for acceptance by the Customer for a period expiring on: 09/28/2025												
New Products							Rental Terms			Support Terms		
							Monthly Rental Fee			Monthly Support Fee		
Proposed Location	Product ID	Rx/Prs	Product Name	P.Drws	Tr.Type	QTY	List	Net	Extended	List	Net	Extended
FONTANA2	135291-01		Profile Upgrade for Medstation ES		EXP	1	\$ 297.00	\$ 211.00	\$ 211.00	\$ 0.01	\$ 0.00	\$ 0.00
INTMED	135291-01		Profile Upgrade for Medstation ES		EXP	1	\$ 297.00	\$ 211.00	\$ 211.00	\$ 0.01	\$ 0.00	\$ 0.00
Totals:									\$ 422.00			\$ 0.00

Total Monthly Rental & Support Fee: **\$422.00**

All fees mentioned are in USD

Customer Initials: _____

Customer Information			
Sold To:		Ship To:	Bill To
Legal Name:	SAN BERNARDINO COUNTY		Same as (Circle) Sold To: Ship To:
DBA:	ARROWHEAD REGIONAL MEDICAL CENTER	ARROWHEAD FAMILY HEALTH CENTER FONTANA	
Street Address:	400 N PEPPER AVE	16854 IVY AVE	
City,St.,Zip:	COLTON, CA 92324-1819	FONTANA, CA 92335-1504	
Customer No.	6546900	10041801	

1. **Customer Orders.** Effective as of the date of both signatures below ("**Effective Date**"), this Customer Order is entered by and between CareFusion and Customer as separate and distinct agreements (combined for administrative convenience) for: (i) Rental Equipment and/or Software listed in the Product Schedule attached hereto and incorporated by this reference (each, a "**Product**" and, collectively, the "**Products**"); and (ii) Services applicable to the Products (collectively, the "**Customer Orders**"). The Customer Orders will be governed by the latest Master Agreement and Schedule(s) in effect between the Parties and applicable to the Products and Services ("**Master Agreement**"). Any reference to a "**Rental Term(s)**" or "**Rental Fee(s)**" in relation to Software will alternately refer to "**Subscription Term(s)**" or "**Subscription Fee(s)**", respectively. Notwithstanding the foregoing, if applicable to the Products hereunder, any reference to (a) "**Master Agreement**" will alternately refer to the Master Rental Terms and Conditions or Master Support Terms and Conditions and (ii) "**Customer Order**" will alternately refer to "**Rental Agreement**" or "**Support Agreement.**"

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Yes	No	Rental PO#:	Name:		
		Support PO#:	Street Address:		
			City,St.,Zip:		

Each person signing this document represents that he/she intends to and has the authority to bind his/her respective Party to the Rental Customer Order and the separate Support Customer Order.	
SAN BERNARDINO COUNTY	
CAREFUSION SOLUTIONS, LLC	
ATTN: CONTRACTS, 3750 TORREY VIEW CT, SAN DIEGO, CA 92130 888.876.4287	
Sign:	Sign:
Print: Dawn Rowe	Print: Nicholas Marchand
Title: Chair, Board of Supervisors	Title: Sr. Manager, MMS Capital Contracts
Date:	Date:



Customer Order
Product Schedule
Customer Order : 1000259438

Sold To: ARROWHEAD REGIONAL MEDICAL CENTER #6546900
Ship To: ARROWHEAD FAMILY HEALTH CENTER FONTANA #10041801
GPO: VIZIENT CE7136 DISPENSING CE7136

Product Discounts:
GPO: 29 %
Support Level: Enhanced
Rental and Support Term: 60 months

The fees stated in this Customer Order are offered by CareFusion for acceptance by the Customer for a period expiring on: 09/28/2025

New Products							Rental Terms			Support Terms		
							Monthly Rental Fee			Monthly Support Fee		
Proposed Location	Product ID	Rx/Prs	Product Name	P.Drws	Tr.Type	QTY	List	Net	Extended	List	Net	Extended
FONTANA	135291-01		Profile Upgrade for Medstation ES		EXP	1	\$ 297.00	\$ 211.00	\$ 211.00	\$ 0.01	\$ 0.00	\$ 0.00
Totals:									\$ 211.00			\$ 0.00

Total Monthly Rental & Support Fee: **\$211.00**
All fees mentioned are in USD

Customer Initials: _____

Customer Information			
Sold To:		Ship To:	Bill To
Legal Name:	SAN BERNARDINO COUNTY		Same as (Circle) Sold To: Ship To:
DBA:	ARROWHEAD REGIONAL MEDICAL CENTER	ARROWHEAD REGIONAL MCKEE CLINIC	
Street Address:	400 N PEPPER AVE	1499 E HIGHLAND AVE	
City,St.,Zip:	COLTON, CA 92324-1819	SAN BERNARDINO, CA 92404-4611	
Customer No.	6546900	10264878	

1. **Customer Orders.** Effective as of the date of both signatures below ("**Effective Date**"), this Customer Order is entered by and between CareFusion and Customer as separate and distinct agreements (combined for administrative convenience) for: (i) Rental Equipment and/or Software listed in the Product Schedule attached hereto and incorporated by this reference (each, a "**Product**" and, collectively, the "**Products**"); and (ii) Services applicable to the Products (collectively, the "**Customer Orders**"). The Customer Orders will be governed by the latest Master Agreement and Schedule(s) in effect between the Parties and applicable to the Products and Services ("**Master Agreement**"). Any reference to a "**Rental Term(s)**" or "**Rental Fee(s)**" in relation to Software will alternately refer to "**Subscription Term(s)**" or "**Subscription Fee(s)**", respectively. Notwithstanding the foregoing, if applicable to the Products hereunder, any reference to (a) "**Master Agreement**" will alternately refer to the Master Rental Terms and Conditions or Master Support Terms and Conditions and (ii) "**Customer Order**" will alternately refer to "**Rental Agreement**" or "**Support Agreement.**"

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Yes	No	Rental PO#:	Name:		
		Support PO#:	Street Address:		
			City,St.,Zip:		

Each person signing this document represents that he/she intends to and has the authority to bind his/her respective Party to the Rental Customer Order and the separate Support Customer Order.	
SAN BERNARDINO COUNTY	
CAREFUSION SOLUTIONS, LLC	
ATTN: CONTRACTS, 3750 TORREY VIEW CT, SAN DIEGO, CA 92130	
888.876.4287	
Sign:	Sign:
Print: Dawn Rowe	Print: Nicholas Marchand
Title: Chair, Board of Supervisors	Title: Sr. Manager, MMS Capital Contracts
Date:	Date:



Customer Order
Product Schedule
Customer Order : 1000259470

Sold To: ARROWHEAD REGIONAL MEDICAL CENTER #6546900
Ship To: ARROWHEAD REGIONAL MCKEE CLINIC #10264878
GPO: VIZIENT CE7136 DISPENSING CE7136

Product Discounts:
GPO: 29 %
Support Level: Enhanced
Rental and Support Term: 60 months

The fees stated in this Customer Order are offered by CareFusion for acceptance by the Customer for a period expiring on: 09/28/2025												
New Products							Rental Terms			Support Terms		
							Monthly Rental Fee			Monthly Support Fee		
Proposed Location	Product ID	Rx/Prs	Product Name	P.Drws	Tr.Type	QTY	List	Net	Extended	List	Net	Extended
MCKEE	135291-01		Profile Upgrade for Medstation ES		EXP	1	\$ 297.00	\$ 211.00	\$ 211.00	\$ 0.01	\$ 0.00	\$ 0.00
MCKEE2	135291-01		Profile Upgrade for Medstation ES		EXP	1	\$ 297.00	\$ 211.00	\$ 211.00	\$ 0.01	\$ 0.00	\$ 0.00
Totals:									\$ 422.00			\$ 0.00

Total Monthly Rental & Support Fee: **\$422.00**
All fees mentioned are in USD

Customer Information			
Sold To:		Ship To:	Bill To
Legal Name:	SAN BERNARDINO COUNTY	ARROWHEAD FAMILY HEALTH CENTER WESTSIDE 850 E FOOTHILL BLVD RIALTO, CA 92376-5230 10272284	Same as (Circle) Sold To: Ship To:
DBA:	ARROWHEAD REGIONAL MEDICAL CENTER		
Street Address:	400 N PEPPER AVE		
City,St.,Zip:	COLTON, CA 92324-1819		
Customer No.	6546900		

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		Support PO#:	Street Address:	
			City,St.,Zip:	

Each person signing this document represents that he/she intends to and has the authority to bind his/her respective Party to the Rental Customer Order and the separate Support Customer Order.			
SAN BERNARDINO COUNTY		CAREFUSION SOLUTIONS, LLC	
Sign:		ATTN: CONTRACTS, 3750 TORREY VIEW CT, SAN DIEGO, CA 92130	
Print: Dawn Rowe		888.876.4287	
Title: Chair, Board of Supervisors		Sign:	
Date:		Print: Nicholas Marchand	
		Title: Sr. Manager, MMS Capital Contracts	
		Date:	



Customer Order
Product Schedule

Customer Order : 1000259472

Sold To: ARROWHEAD REGIONAL MEDICAL CENTER #6546900
Ship To: ARROWHEAD FAMILY HEALTH CENTER WESTSIDE #10272284
GPO: VIZIENT CE7136 DISPENSING CE7136

Product Discounts:
GPO: 29 %
Support Level: Enhanced
Rental and Support Term: 60 months

The fees stated in this Customer Order are offered by CareFusion for acceptance by the Customer for a period expiring on: 09/28/2025

New Products							Rental Terms			Support Terms		
							Monthly Rental Fee			Monthly Support Fee		
Proposed Location	Product ID	Rx/Prs	Product Name	P.Drws	Tr.Type	QTY	List	Net	Extended	List	Net	Extended
WESTSIDE	135291-01		Profile Upgrade for Medstation ES		EXP	1	\$ 297.00	\$ 211.00	\$ 211.00	\$ 0.01	\$ 0.00	\$ 0.00
Totals:									\$ 211.00			\$ 0.00

Total Monthly Rental & Support Fee: **\$211.00**

All fees mentioned are in USD

Customer Initials: _____

Customer Information			
Sold To:		Ship To:	Bill To
Legal Name:	SAN BERNARDINO COUNTY		Same as (Circle) Sold To: Ship To:
DBA:	ARROWHEAD REGIONAL MEDICAL CENTER	ARROWHEAD FAMILY HEALTH CENTER REDLANDS	
Street Address:	400 N PEPPER AVE	800 E LUGONIA AVE STE F	
City,St.,Zip:	COLTON, CA 92324-1819	REDLANDS, CA 92374-2550	
Customer No.	6546900	10262958	

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Yes	No	Rental PO#:	Name:	
		Support PO#:	Street Address:	
			City,St.,Zip:	

Each person signing this document represents that he/she intends to and has the authority to bind his/her respective Party to the Rental Customer Order and the separate Support Customer Order.	
SAN BERNARDINO COUNTY	
CAREFUSION SOLUTIONS, LLC	
ATTN: CONTRACTS, 3750 TORREY VIEW CT, SAN DIEGO, CA 92130 888.876.4287	
Sign:	Sign:
Print: Dawn Rowe	Print: Nicholas Marchand
Title: Chair, Board of Supervisors	Title: Sr. Manager, MMS Capital Contracts
Date:	Date:



Customer Order
Product Schedule

Customer Order : 1000259471

Sold To: ARROWHEAD REGIONAL MEDICAL CENTER #6546900
Ship To: ARROWHEAD FAMILY HEALTH CENTER REDLANDS #10262958
GPO: VIZIENT CE7136 DISPENSING CE7136

Product Discounts:
GPO: 29 %
Support Level: Enhanced
Rental and Support Term: 60 months

The fees stated in this Customer Order are offered by CareFusion for acceptance by the Customer for a period expiring on: 09/28/2025

New Products							Rental Terms			Support Terms		
							Monthly Rental Fee			Monthly Support Fee		
Proposed Location	Product ID	Rx/Prs	Product Name	P.Drws	Tr.Type	QTY	List	Net	Extended	List	Net	Extended
REDLANDS	135291-01		Profile Upgrade for Medstation ES		EXP	1	\$ 297.00	\$ 211.00	\$ 211.00	\$ 0.01	\$ 0.00	\$ 0.00
Totals:									\$ 211.00			\$ 0.00

Total Monthly Rental & Support Fee: **\$211.00**

All fees mentioned are in USD

Customer Initials: _____

**Customer Information****Sold To:**

Legal Name: SAN BERNARDINO COUNTY
DBA: ARROWHEAD REGIONAL MEDICAL CENTER
Street Address: 400 N PEPPER AVE
City,St,Zip: COLTON, CA 92324-1819
Customer No. 6546900

1. **Customer Orders.** Effective as of the date of both the Master Agreement and distinct agreements (combined for administrative purposes) by this reference (each, a "**Product**" and, collectively, the "**Products**"), will be governed by the latest Master Agreement and any amendments thereto, and reference to a "**Rental Terms**" or "**Rental Fees**" in the Master Agreement, Notwithstanding the foregoing, if applicable to the Products, the Master Support Terms and Conditions shall apply.

2. **Configurations.** Pricing set forth on the product schedule shall apply to all drawers in the Products, as applicable. Any changes to the pricing shall be subject to the Organization Agreement or other related pricing agreement. The pricing shall be based on the Customer's intended final configuration of the Products.

Any one-time shipping, implementation or service fee shall be charged to the Customer following the date the Agreement is signed by both parties.

Will a Purchase Order be required for payment of the proposed under this Customer Order?**(Please Circle)**

Yes	No	Rental PO#:
		Support PO#:

Each person signing this document represents that he/she intends to bind the organization.

SAN BERNARDINO COUNTY

Sign:

Print: Dawn Rowe

Title: Chair, Board of Supervisors

This Customer Order



Sold To: ARROWHEAD REGIONAL M
Ship To: ARROWHEAD REGIONAL M

GPO: VIZIENT CE7136 DISPENSI

The fees stated in this Customer Order are
New Pro

Proposed Location	Product ID	Rx/ Prs	P
BHA	323	Rx	MEDSTAT

CareFusion Use Only