



**Contract Number**  
**22-689-A2**

**SAP Number**  
**4400020313**

## Arrowhead Regional Medical Center

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

**Contractor**     Haemonetics Corp.  
**Contractor Representative**     James Manning  
**Telephone Number**     (442) 242-2106  
**Contract Term**     July 12, 2022 through July 31, 2026  
**Original Contract Amount**     \$522,134  
**Amendment Amount**     \$146,763  
**Total Contract Amount]**     \$668,897  
**Cost Center**     7500  
**Grant Number (if applicable)**     \_\_\_\_\_

### AMENDMENT NO. 2

This Amendment No. 2 (this "Amendment") is made by and between Haemonetics Corporation ("Haemonetics") and San Bernardino County on behalf of Arrowhead Regional Medical Center ("County") and modifies the terms to the Supply Agreement ("Agreement"), fully executed on July 12, 2022, as follows, effective as of July 30, 2025:

1. The second paragraph of Section 1.2 of the Terms and Conditions of the Agreement is deleted in its entirety and replaced with the following:

The total amount of Products purchased by Customer during the term of this Agreement shall not exceed \$668,897. Monitoring the total amount purchased is the responsibility of the Customer and Haemonetics will not be liable for any amounts made above this total.

2. The reference to "**Term of Agreement**: 36 months" on page 2 of the Agreement is deleted in its entirety and replaced with the following:

**Term of Agreement**: 48 months (ending July 31, 2026)

3. The following is added to the Consumable Matrix in the Agreement:

**TEG Consumable Product and Pricing Matrix**

<u>Product Family</u>	<u>Product Number</u>	<u>Product Description</u>	<u>Price Per Consumable</u>	<u>Consumables Per Case</u>	<u>Price Per Case</u>
TEG Disposable	07-034	FUNCTIONAL FIBRINOGEN KIT	\$406.28	1	\$406.28

4. The “TEG6 Consumable Product and Pricing Matrix” in the Agreement is deleted in its entirety and replaced with the following:

**TEG6 Consumable Product and Pricing Matrix**

<u>Product Family</u>	<u>Product Number</u>	<u>Product Description</u>	<u>Price Per Consumable</u>	<u>Consumables Per Case</u>	<u>Price Per Case</u>
TEG6 Disposable	07-601-US	CITRATED: K, KH, RT, FF US	\$106.58	10	\$1,065.85
TEG6 Disposable	07-604-US	CITRATED: K, KH, RTH, FFH US	\$118.95	10	\$1,189.52
TEG6 Disposable	07-605-US	CITRATED: K, RT, FF	\$106.21	10	\$1,062.13
TEG6 Disposable	07-614-US	PLATELET MAPPING ADP and AA US	\$171.91	10	\$1,719.12
TEG6 Disposable	07-615-US	PLATELET MAPPING ADP, US	\$145.83	10	\$1,458.27
TEG6 Disposable	07-664-US	CARTRIDGE REAGENT QC – LEVEL 1	\$682.32	1	\$682.32
TEG6 Disposable	07-665-US	CARTRIDGE REAGENT QC – LEVEL 2	\$682.32	1	\$682.32

5. The “Annual Service and TEG Manager Support Fees” chart in the Agreement is deleted in its entirety and replaced with the following:

<b>Recurring Maintenance for TEG Manager Software Systems</b> (Required if purchasing TEG Manager)					
	Product / Service	Description	List Price	Invoice Price / Year	Total Net Invoice Price
<b>1</b>	<b>TEG Manager Software Support and Maintenance</b> (subject to applicable terms & conditions)	Includes: Standard customer support, plus software updates (excluding features that are separately priced or marketed); Software maintenance services will be billed annually.	\$4,000	\$4,000	<b>\$4,000</b>

<b>Service Options For the TEG 6s Analyzers</b> (Effective post-warranty--Refer to specific service option for details.) (Warranty begins when device is shipped.)					
Year(s) of Service	Product / Service	Description	Devices Covered	Invoice Price / Device / Year	Total Annual Net Invoice Price
<b>2</b>	<b>Platinum Service Contract US7837 for TEG 6s Analyzers</b> (These devices are covered under a 2 year service agreement at this price until 12/14/2025)	<b>Includes: One (1) covered preventative maintenance (PM) inspection, unlimited Technical Hotline assistance, unlimited onsite repair service, scheduled onsite PM service coverage.</b>	<b>2</b>	<b>\$3,657</b>	<b>\$7,314</b>

6. **Full Force and Effect.** The Agreement, and all other terms and conditions, as amended by this Amendment, shall remain in full force and effect.

7. **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. 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 on behalf of  
Arrowhead Regional Medical Center

►

\_\_\_\_\_  
Dawn Rowe, Chair, 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  
San Bernardino County

By \_\_\_\_\_  
Deputy

HAEMONETICS CORPORATION

By ► \_\_\_\_\_

Name Katie Tippit

Title VP of Sales

Dated: \_\_\_\_\_

Address 125 Summer Street  
Boston, Ma 02110

**FOR COUNTY USE ONLY**

Approved as to Legal Form

► \_\_\_\_\_  
Charles Phan, Supervising Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

► \_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

► \_\_\_\_\_  
Andrew Goldfrach, ARMC Chief Executive Officer

Date \_\_\_\_\_