



Contract Number

19-836-A-2

SAP Number

4400012934

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	Integra LifeSciences Sales, LLC.
Contractor Representative	Luigi Canani
Telephone Number	(951) 331-9003
Contract Term	December 17, 2019 through December 16, 2024
Original Contract Amount	\$1,350,000
Amendment Amount	\$1,500,000
Total Contract Amount	\$2,850,000
Cost Center	7421

AMENDMENT NO. 2

San Bernardino County on behalf of Arrowhead Regional Medical Center and Integra LifeSciences Sales LLC agree to amend the terms of the Multiple Product Purchase Agreement entered into by the parties on December 17, 2019 ("Agreement"), as previously amended on December 15, 2020, as follows, effective as of the date fully executed:

- Section 1 of the Agreement is deleted in its entirety and replaced with the following:

- Contract Year.** This Agreement shall have five (5) Contract Years (as defined below). For purposes of this Agreement, the first Contract Year shall begin on the Effective Date and end twelve (12) months thereafter; the subsequent Contract Years shall begin on the next day following the end of the previous Contract Year and end twelve (12) months thereafter (collectively, the "Contract Years" and each, individually, a "Contract Year"). This Agreement shall terminate on December 16, 2024 (the "End Date").

- Section 7(a) of the Agreement is deleted in its entirety and replaced with the following:

- Term.** The term of this Agreement shall commence on the Effective Date and, unless otherwise terminated as provided herein, shall continue in full force and effect until the End Date specified in Section 1.

3. Section 4 of the Agreement is deleted in its entirety and replaced with the following:

4. Ordering. County agrees to order all Products through Integra Customer Service at (800) 997-4868, or as otherwise directed by Integra from time to time. The total orders by the County shall not exceed \$2,850,000 for the term of this Agreement. In the event County is directed to issue a purchase order for Products, the terms of such purchase order shall not be binding on the parties except for the following: Name of Product, quantity ordered and delivery address. No modification of, addition to, or waiver of, any of the provisions of this Agreement shall be effected by the acknowledgment or acceptance of any purchase order or other form containing additional or different terms or conditions to those contained herein, whether or not signed by an authorized representative of either party.

4. Effective as of December 17, 2022, Schedule 2 to the Agreement is deleted in its entirety and replaced with Schedule 2 to this Amendment. For the avoidance of doubt, the prices set forth on Schedule 2 to this Amendment shall become effective as of December 17, 2022.

5. All references to "County of San Bernardino" in the Agreement are amended to read as "San Bernardino County".

6. **Full Force and Effect.** The Agreement, as amended by this Amendment, remains 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

►

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
San Bernardino County

By _____
Deputy

INTEGRA LIFESCIENCES, INC.

(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, Hospital Director

Date _____