



Contract Number

20-30 A1

SAP Number

4400013680

Arrowhead Regional Medical Center

Department Contract Representative
Telephone Number

William L. Gilbert, Director
(909) 580-6150

Contractor
Contractor Representative
Telephone Number
Contract Term

Haemonetics Corporation
Gary Williams
817-749-2400
August 5, 2019 through August 4, 2022

Original Contract Amount
Amendment Amount
Total Contract Amount
Cost Center

\$77,450.00
\$161,551.02
\$239,001.02
7540

AMENDMENT NO. 1

The COUNTY OF SAN BERNARDINO on behalf of Arrowhead Regional Medical Center and HAEMONETICS CORPORATION agree to amend the terms of the Haemonetics Corporation Pricing Agreement executed between the parties as of January 28, 2020 (the "Agreement") as follows, effective on August 5, 2020:

1. Amend the expiration date of the Agreement, as set forth in Section 1.1 of the Agreement, from August 5, 2020 to August 4, 2022, such that the term of the Agreement, as amended, will now be from August 5, 2019 through August 4, 2022.
2. Delete the TEG Consumable Products and Pricing Matrix in the Agreement entirely, and replace it with the following TEG Consumable Products and Pricing Matrix:

Product #	Product Name	Quantity	Year 1 (8/5/19- 8/4/20)	Year 2 (2.5% increase) (8/5/20-8/4/21)	Year 3 (3.5% increase) (8/5/21-8/4/22)
TEG 07-601-US	Citrated: K, KH, RT, FF (Global Hemostasis)	Box/10	\$789.98	\$809.73	\$838.07
TEG 07-605-US	Citrated: K, RT, FF (Global Hemostasis with Lysis)	Box/10	\$790.00	\$809.75	\$838.09

TEG 07-614-US	PlateletMapping ADP & AA	Box/10	\$1,316.64	\$1,349.56	\$1,396.79
TEG 07-615-US	PlateletMapping ADP	Box/10	\$1,087.66	\$1,114.85	\$1,153.87
TEG 07-663-US	Abnormal and Lysis QC Kit (AQC vials (12), Diluent water (12), Lysis QC (6))	Box/6 runs	\$200.00	\$205.00	\$212.18
TEG 07-662-US	Abnormal QC Vial Test Kit	Box/12	\$137.39	\$140.82	\$145.75
TEG 07-034	Functional Fibrinogen assay	Box/15	\$291.95	\$299.25	\$309.72
TEG 118035-00	Printer Paper, USB	Each	\$4.71	\$4.83	\$5.00
TEG Manager SWMNT	TEG Manager Software support and maintenance annual fee	Each	\$3,000.00	\$4,000.00	\$4,000.00
TEGIVALIDATION	Validation Calculation and Certification	Each	\$275.00	\$275.00	\$275.00

3. **Full Force and Effect.** The Agreement, as amended by this Amendment, remains in full force and effect.
4. **Definitions.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement.
5. **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.

COUNTY OF SAN BERNARDINO on behalf of
Arrowhead Regional Medical Center

►

Curt Hagman, Chairman, Board of Supervisors

Dated:

JUL 28 2020

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

Haemonetics Corporation

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

By

►

Philip Dalton

(Authorized signature - sign in blue ink)

Name

Philip Dalton

(Print or type name of person signing contract)

Title

Sr. Manager, Contracts Administration

(Print or Type)

Dated:

07-16-2020

Address

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Charles Phan, County Counsel

Date 7/16/2020

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

►

William L. Gilbert, Director

Date

7/20/2020