



Contract Number
20-1071 A-3

SAP Number
4400015802

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert, Director
Telephone Number	(909) 580-6150
Contractor	CareFusion Solutions, LLC
Contractor Representative	Julie Meisterlin
Telephone Number	858-322-2768
Contract Term	5 years beginning on the first day of the month following County's acceptance of the system
Original Contract Amount	\$3,201,230
Amendment Amount	\$22,560
Total Contract Amount	\$3,223,790
Cost Center	9177104200

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

This Amendment No. 3 (this "Amendment") dated March 15, 2022 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 and July 13, 2021.

1. Add to the Agreement Customer Order 1000213791, as attached hereto and fully incorporated herein.
2. **Full Force and Effect.** The Agreement, as amended by this Amendment, remains in full force and effect.
3. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement or the Addendum, as applicable.

4. **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.
5. 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

▶ 

 Curt Hagman, Chairman, Board of Supervisors
 MAY 19 2022

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

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD
 LYNN MONELL
 Clerk of the Board of Supervisors
 of the County of San Bernardino
 By _____
 Deputy



CAREFUSION SOLUTIONS, LLC

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

Designed by: _____
 By ▶ 

 (Authorized signature - sign in blue ink)
 875FACE467D0446...

Name Gloria J. Sims
 (Print or type name of person signing contract)

Title Contract Consultant-MMS Capital Contracting
 (Print or Type)

Dated: 19-Jan-2022

Address 3750 Torrey View Court
San Diego, CA 92130

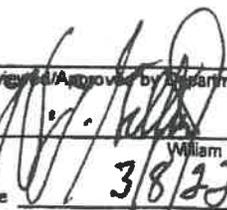
FOR COUNTY USE ONLY

Approved as to Legal Form
 ▶ 

 Bonnie Uphold, Deputy County Counsel
 Date 3-7-2022

Reviewed for Contract Compliance
 ▶ _____

 Date _____

Reviewed/Approved by Department
 ▶ 

 William L. Gilbert, Director
 Date 3/8/22



Customer Order

Customer Order Date: 11/18/2021
Customer Order : 1000213791

Table with columns: Sold To, Ship To, Bill To. Rows include Legal Name, DBA, Street Address, City, St., Zip, and Customer No. for SAN BERNARDINO COUNTY and ARROWHEAD REGIONAL MEDICAL CENTER.

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...

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 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...

Will a Purchase Order be required for payment of the financial obligation proposed under this Customer Order? (Please Circle)
Yes No
Rental PO#:
Support PO#:

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:
Name:
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
Sign: [Signature]
Print: Curt Hagman
Title: Chairman, Board of Supervisors
Date: MAR 15 2022

CAREFUSION SOLUTIONS, LLC
ATTN: CONTRACTS, 3750 TORREY VIEW CT, SAN DIEGO, CA 92130
888.876.4287
DocuSigned by:
Sign: [Signature]
Print: 975FACE467D0448...
Gloria J. Sims
Title: Contract Consultant-MMS Capital Contracting
Date:

This Customer Order is not valid until executed by both Customer and CareFusion Solutions, LLC. 01-Feb-2022

SALES ASSOCIATE: Christopher McCrea
Email: chris.mccrea@bd.com



Customer Order
Pyxis Product Schedule
Customer Order : 1000213791

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

Product Discounts:
 GPO: 29 %
 Non-Std Disc %: 28 %
 Support Discounts:
 GPO: 20 %
 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: 02/16/2022

New Products							Rental Terms			Support Terms			
							Monthly Rental Fee			Monthly Support Fee			
Proposed Location	Product ID	Rx/ Pts	Product Name	P.Drws	Tr.Type	QTY	List	Net	Extended	List	Net	Extended	
Fontana Two Drawer Main	323		MEDSTATION,ES,MAIN,2DR,MLM	1	EXP	1	\$ 468.00	\$ 238.00	\$ 238.00	\$ 171.00	\$ 137.00	\$ 137.00	
Totals:									\$ 238.00				\$ 137.00

Total Monthly Rental & Support Fee: **\$376.00**

All fees mentioned are in USD