AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
0001	02/05/2009	DHS 09-003A	

6. ISSUED BY CODE 00095
U.S. Merchant Marine Academy (Procurement)
MMA-5206, Division of Procurement
Kings Point, NY 11024-1699

7. ADMINISTERED BY *(If other than Item 6)* CODE 00095
U.S. Merchant Marine Academy (Procurement)
MMA-5206, Division of Procurement
Kings Point, NY 11024-1699

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and Zip Code)*

North Shore LIJHS Core Laboratories
10 Nevada Dr.
Lake Success, NY 11042-1114

CODE * FACILITY CODE

	9A. AMENDMENT OF SOLICITATION NO.
	9B. DATED *(SEE ITEM 11)*
(X)	10A. MODIFICATION OF CONTRACT/ORDER NO. DTMA5P09142
(X)	10B. DATED *(SEE ITEM 13)* 01/30/2009

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*

- 7009 - 1750MA - 2009 - - 1MSP - 00 - 0005 - 0000 - - 520300 - - - 25626 - 6100 - 6600 - $7,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS.
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
☐	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
☐	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
☐	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
☑	D. OTHER *(Specify type of modification and authority)* FAR 13.302-3...Modifying Purchase Orders

E. IMPORTANT: Contractor [X] is not, [ ] is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Purposes of this modification are to add a line item and to increase the total amount of the order.

A. Line Item 0002 (see description on page 2 of 3) is hereby added to subject order DTMA5P09142.

B. Total amount of the order is hereby changed from $10,000.00 to $17,000.00. A total NET INCREASE of $7,000.00.

********** LAST ITEM **********

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)* Max Diah	
15B. CONTRACTOR/OFFEROR *(Signature of person authorized to sign)*	15C. DATE SIGNED	16B. United States of America BY Maximilian S. Diah *(Signature of Contracting Officer)*	16C. DATE SIGNED 02/05/2009

Total Funding: $17,000.00

FYs	Fund	Budget Org	Sub	Object Class	Sub	Program	Cost Org	Sub	Proj/Job No.	Sub	Reporting Category

Division **Closed FYs** **Cancelled Fund**

Line Item Number	Description	Delivery Date (Start date to End date)	Quantity	Unit of Issue	Unit Price	Total Cost
	Remit To: SAME *DUNS NUMBER: 807920368* *For Payment Inquires Contact:* *BARBARA MARTOS (405) 954-1219* *Email: Barbara.CTR.Martos@faa.gov*					
0002	MEDICAL LABORATORY TESTS	(02/05/2009 to 03/06/2009)	1.00	JOB	$7,000.00	$7,000.00
	This is a New Line (SEE ATTACHMENT 1) MODIFICATION 0001					

Previous Total: $10,000.00
Modification Total: $7,000.00
Grand Total: $17,000.00
(Includes Discounts)

USMMA Procurement Department:
MAXMILLIAN S. DIAH
(516) 773-5584
MARKVIEW Invoice To: Rick Sager (516) 773-5336

Funding Strip Code	Change in Funded Amount
- 7009 - 1750MA - 2009 - - 1MSP - 00 - 0005 - 0000 - - 520300 - - - 25626 - 6100 - 6600 -	$7,000.00

Reference Requisition: DHS09-003

ATTACHMENT I

ORDER NUMBER: DTMA5P09142, MODIFICATION 0001

ITEM NO.	DESCRIPTION	UNIT	QTY	UNIT PRICE	EXTENDED AMOUNT
0001	ANTINUCLEAR AB (ANA)	EA	4	$ 26.68	$ 106.72
0002	BILIRUBIN, DIRECT	EA	4	$ 23.57	$ 94.28
0003	C3 COMPLEMENT	EA	4	$ 27.53	$ 110.12
0004	C4 COMPLEMENT	EA	4	$ 27.53	$ 110.12
0005	CBC W/AUTO DIFFERENTIAL	EA	6	$ 10.30	$ 61.80
0006	CHOLESTEROL	EA	5	$ 10.22	$ 51.10
0007	COMPREHENSIVE METABOLIC PANEL	EA	6	$ 62.06	$ 372.36
0008	CREATINE KINASE	EA	4	$ 18.71	$ 74.84
0009	ELECTROLYTES SERUM	EA	4	$ 17.55	$ 70.20
0010	EPSTEIN-BARR VIRUS PROFILE	EA	4	$ 60.82	$ 243.28
0011	ESTRADIOL	EA	5	$ 103.10	$ 515.50
0012	FERRITIN SERUM	EA	3	$ 68.96	$ 206.88
0013	FREE TRIIODOTHYRONINE	EA	3	$ 85.93	$ 257.79
0014	GENITAL CULTURE	EA	3	$ 21.58	$ 64.74
0015	HEMOGLOBIN ELECTROPHORESIS	EA	3	$ 63.35	$ 190.05
0016	HEPATIC FUNCTION PANEL(99)	EA	4	$ 23.39	$ 93.56
0017	HEPATITIS C AB	EA	3	$ 62.06	$ 186.18
0018	HEPATITIS DELTA ANTIBODIES	EA	3	$ 108.23	$ 324.69
0019	HETEROPHILE AB	EA	4	$ 15.20	$ 60.80
0020	IRON TIBC PANEL	EA	3	$ 38.16	$ 114.48
0021	LACTIC ACID DEHYDROGENASE	EA	3	$ 6.23	$ 18.69
0022	LUTEINIZING HORMONE	EA	2	$ 93.73	$ 187.46
0023	MAGNESIUM SERUM	EA	2	$ 25.44	$ 50.88
0024	PHOSPHORUS SERUM	EA	2	$ 23.43	$ 46.86
0025	PT/INR (PROTHROMBIN)	EA	4	$ 22.82	$ 91.28
0026	PTT	EA	3	$ 21.63	$ 64.89
0027	RETIC CT	EA	2	$ 28.12	$ 56.24
0028	RPR	EA	3	$ 10.45	$ 31.35
0029	SJOGREN'S ANTIBODIES	EA	3	$ 120.90	$ 362.70
0030	T3 UPTAKE	EA	3	$ 17.55	$ 52.65
0031	THROAT CULTURE	EA	25	$ 16.38	$ 409.50
0032	THYROID STIMULATING HORMONE	EA	3	$ 68.96	$ 206.88
0033	THYROXINE FREE	EA	4	$ 49.33	$ 197.32
0034	TOTAL COMPLEMENT CH50	EA	3	$ 28.39	$ 85.17
0035	TOXOPLASMA IGG ANTIBODY	EA	4	$ 66.95	$ 267.80
0036	TOXOPLASMA IGM	EA	3	$ 52.65	$ 157.95
0037	TRIIODOTHYRONINE	EA	3	$ 63.86	$ 191.58
0038	URIC ACID SERUM	EA	3	$ 26.78	$ 80.34
0039	URINALYSIS	EA	3	$ 15.63	$ 46.89
0040	URINALYSIS W/ MICROSCOPIC	EA	4	$ 18.75	$ 75.00
0041	URINE CULTURE	EA	6	$ 31.58	$ 189.48
0042	VARICELLA IGG ANTIBODY	EA	4	$ 60.68	$ 242.72
0043	WES ESR/SEDIMENTATION RATE ERYTHRO	EA	4	$ 15.97	$ 63.88
0044	LAB TESTS - OTHER	LT	1	$ 513.00	$ 513.00
					$ 7,000.00