

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 2
2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE 08/21/2015	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (if applicable)
6. ISSUED BY DHHS/FDA/OAGS/DCSC ATTN: (b) (6) 5630 FISHERS LANE ROOM 2129, HFA-500 ROCKVILLE MD 20857	CODE DCSC	7. ADMINISTERED BY (if other than Item 6) DHHS/FDA/OAGS/DCSC ATTN: (b) (6) 5630 FISHERS LANE ROOM 2129, HFA-500 ROCKVILLE MD 20857	CODE DCSC
8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZIP Code) ADVANCED BIOSCIENCE RESOURCES INC 1417096 ADVANCED BIOSCIENCE RESOURCES INC 1516 OAK ST STE 303 ALAMEDA CA 945012958		(x) 9A. AMENDMENT OF SOLICITATION NO.	
CODE 1417096 FACILITY CODE		9B. DATED (SEE ITEM 11)	
		X 10A. MODIFICATION OF CONTRACT/ORDER NO. HHSF223201400732P	
		10B. DATED (SEE ITEM 13) 09/09/2014	

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 ACKNOWLEDGEMENT 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)

See Schedule

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.
X	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:
X	D. OTHER (Specify type of modification and authority) FAR 43.103(a) Mutual Agreement Between Both Parties

E. IMPORTANT: Contractor is not. is required to sign this document and return 1 copies to the issuing office.

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

Tax ID Number: 94-3110160

DUNS Number: 786845982

The purpose of this modification is extend the period of performance. As a result of this modification, the following changes shall occur:

From: "09/09/2014 to 09/08/2015"

By: 69 days

To: "09/09/2014 to 11/16/2015"

As a result of this modification, the pricing of the order shall change as follows:

From: "2nd Trimester Thymus \$325.00"

Continued ...

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 CONTRACTING OFFICER (Type or print) (b) (6), (b) (4)	15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) (b) (6) (b) (6)
15B. CC (b) (6), (b) (4)	15C. DATE SIGNED 16 Sep 2015
NSN 75 Previous edition unusable	C. DATE SIGNED 9/17/15

Prescribed by GSA
FAR (48 CFR) 53.243

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
HHSF223201400732P/0001

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NAME OF OFFEROR OR CONTRACTOR
ADVANCED BIOSCIENCE RESOURCES INC 1417096

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>" 2nd Trimester Liver \$325.00"</p> <p>To: "2nd Trimester Thymus \$340.00"</p> <p>" 2nd Trimester Liver \$340.00"</p> <p>Payment:</p> <p>FDA PAYMENT SVCS Attn: Vendor Payments, OFS FDA 10903 New Hampshire Avenue Bldg 32, Rm 2162, Mail Hub 2145 Silver Spring MD 20993-0002</p> <p>Period of Performance: 09/09/2014 to 11/16/2015</p>				