	LICITATION							1	1
AMENDMENT/MODIFICATION N	10.	3. EFFECTIVE DATE	4. REQUISITION/PU	RCHASE	REQ. NO.	5.	PROJE	CT NO. (If	applicable)
003		See Block 16C							
ISSUED BY	CODE		7. ADMINISTERED BY	(If other t	han Item 6) CODE				
National Heart, Lung, &	Blood Instit	ute. NIH							
Rockledge II Building, F									
6701 ROCKLEDGE DR									
BETHESDA MD 20892									
					1				
NAME AND ADDRESS OF CONTRA	CTOR (No., street, o	county, State and ZIP Code)		(✔)					NO.
Recipients of RFP NH		04			NHLBI-HR-05-04				
Clinical Centers for a			1e		9B. DATED (SEE ITEM 13)				
Treatment of Acute Li					7/2/04				
Syndrome	ing injury an	ia Acute Respiratory		10A. MODI	ICATION	OF COI	NTRACT/C	ORDER NO.	
Syndrome				10B. DATE	TED (SEE ITEM 13)				
CODE		FACILITY CODE							
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the spreadsheets were incorrect. These spread sheets have been corrected and should be used to prepare cost proposals. Offerors should verify that all formulas perform their desired function, and adjust formulas as needed.

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)

			Pamela S. Lew Contracting Officer, HLVD Con	ntracts Section
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. U	NITED STATES OF AMERICA	16C. DATE SIGNED
		ΒΥ	/S/	9/23/2004
(Signature of person authorized to sign.)			(Signature of Contracting Officer)	—
NSN 7540-01-152-8070 PREVIOUS EDITION UNUSABLE	30	30-105 STANDARD FORM 30 RAJ (RE Prescribe		FORM 30 RAJ (REV. 10-83) Prescribed by GSA