

**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
**Bid Receiving - PWGSC / Réception des soumissions -**  
**TPSGC**  
**11 Laurier St./ 11 rue, Laurier**  
**Place du Portage, Phase III**  
**Core 0A1 / Noyau 0A1**  
**Gatineau, Québec K1A 0S5**  
**Bid Fax: (819) 997-9776**

## **SOLICITATION AMENDMENT MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

### **Comments - Commentaires**

**Vendor/Firm Name and Address**  
**Raison sociale et adresse du**  
**fournisseur/de l'entrepreneur**

**Issuing Office - Bureau de distribution**  
Scientific, Medical and Photographic Division /  
Division de l'équipement scientifique, des produits  
photographiques et pharmaceutiques  
11 Laurier St./ 11 rue, Laurier  
6B1, Place du Portage  
Gatineau, Québec K1A 0S5

|   |  |
|---|--|
| <b>Title - Sujet</b><br>ACTIVE CERVICAL RANGE OF MOTION DEV   |  |
| <b>Solicitation No. - N° de l'invitation</b><br>W3931-140006/A  | <b>Amendment No. - N° modif.</b><br>001  |
| <b>Client Reference No. - N° de référence du client</b><br>W3931-140006   | <b>Date</b><br>2013-10-02  |
| <b>GETS Reference No. - N° de référence de SEAG</b><br>PW-\$SPV-941-63430   |  |
| <b>File No. - N° de dossier</b><br>pv941.W3931-140006   | <b>CCC No./N° CCC - FMS No./N° VME</b>   |
| <b>Solicitation Closes - L'invitation prend fin</b><br><b>at - à 02:00 PM</b><br><b>on - le 2013-10-29</b>  | <b>Time Zone</b><br><b>Fuseau horaire</b><br>Eastern Daylight Saving<br>Time EDT |
| <b>F.O.B. - F.A.B.</b><br><b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>   |  |
| <b>Address Enquiries to: - Adresser toutes questions à:</b><br>Martins, Christina   | <b>Buyer Id - Id de l'acheteur</b><br>pv941                                      |
| <b>Telephone No. - N° de téléphone</b><br>(819) 956-6911 ( )  | <b>FAX No. - N° de FAX</b><br>(819) 956-3814                                     |
| <b>Destination - of Goods, Services, and Construction:</b><br><b>Destination - des biens, services et construction:</b><br>CANADIAN FORCES BASE GAGETOWN BUILDING A-47<br>P.O. BOX 1700 STN FORCES<br>OROMOCTO, NEW BRUNSWICK<br>E2V 4J5<br>Attn: Physio Department<br>***<br>CANADIAN FORCES BASE VALCARTIER BUILDING 109<br>COURCELETTE, QUEBEC<br>G0A 1R0<br>Attn: Physio Department |  |

**Instructions: See Herein**

**Instructions: Voir aux présentes**

|  |  |
|--|--|
| <b>Delivery Required - Livraison exigée</b>  | <b>Delivery Offered - Livraison proposée</b> |
| <b>Vendor/Firm Name and Address</b><br><b>Raison sociale et adresse du fournisseur/de l'entrepreneur</b>   |  |
| <b>Telephone No. - N° de téléphone</b><br><b>Facsimile No. - N° de télécopieur</b>   |  |
| <b>Name and title of person authorized to sign on behalf of Vendor/Firm</b><br><b>(type or print)</b><br><b>Nom et titre de la personne autorisée à signer au nom du fournisseur/</b><br><b>de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b> |  |
| <b>Signature</b>   | <b>Date</b>                                  |

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Amendment 001 has been raised to extend the closing date and increase the rental period for both of the Active Cervical Range of Motion devices from twelve (12) months to 18 months.

1./ The Request for Proposal is hereby amended as follows:

Closing Date:

The solicitation closing date is hereby extended from October 15, 2013 to October 29, 2013 at 02:00 PM EDT.

2./ Delete:

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One (1) year rental of two (2) Active Cervical Range of Motion devices in accordance with the Mandatory Technical Requirements listed in Annex "A." Shipping, installation, training and manuals included.

Insert:

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An eighteen (18) month rental of two (2) Active Cervical Range of Motion devices in accordance with the Mandatory Technical Requirements listed in Annex "A." Shipping, installation, training and manuals included.

3./ Delete:

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Part 1 - GENERAL INFORMATION, Article 2.1 Optional Requirement

1. An option to purchase up to two (2) Active Cervical Range of Motion units after the one (1) year rental period has been completed is also being included.
2. An option to purchase up to ten (10) Active Cervical Range of Motion units over a three (3) year period is also being included.

Insert:

Part 1 - GENERAL INFORMATION, Article 2.1 Optional Requirement

1. An option to purchase up to two (2) Active Cervical Range of Motion units after the eighteen (18) month rental period has been completed is also being included.
2. An option to purchase up to ten (10) Active Cervical Range of Motion units over a three (3) year period is also being included.

**ALL OTHER TERMS AND CONDITIONS WITHIN THE RFP REMAIN UNCHANGED.**