

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Public Works Government Services Canada- Bid
Receiving / Réception des soumissions
189 Prince William Street
Room 405
Saint John
New Brunswick
E2L 2B9

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
Public Works Government Services Canada- Bid
Receiving / Réception des soumissions
189 Prince William Street
Room 405
Saint John
New Bruns
E2L 2B9

Title - Sujet Medical Advisory Services	
Solicitation No. - N° de l'invitation 51019-145028/A	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client 51019-145028	Date 2014-09-24
GETS Reference No. - N° de référence de SEAG PW-\$PWB-007-3471	
File No. - N° de dossier PWB-4-37010 (007)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2014-09-30	Time Zone Fuseau horaire Atlantic Daylight Saving Time ADT
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Ellis-Herring , Alison PWB	Buyer Id - Id de l'acheteur pwb007
Telephone No. - N° de téléphone (506) 636-3908 ()	FAX No. - N° de FAX (506) 636-4376
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

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

This Tender Amendment No. Two (2) is raised to include the following Addendum No. Two (2).

The following Addendum to the tender is effective immediately. This addendum shall form part of the contract documents.

All other terms and conditions remain the same.

Addendum 2

Annex C - Technical Evaluation Criteria

number 3:

DELETE :

The proposed Doctor must have clinical experience in the examination and management of patients experiencing at least two (2) of the five (5) following conditions within the last five (5) years:

- musculoskeletal problems
- mental health problems
- complex/multiple health problems
- geriatric health problems
- chronic pain

AND REPLACE WITH:

The proposed Doctor must have clinical experience in treating at least two (2) of the five (5) following conditions within the last five (5) years:

- musculoskeletal problems
- mental health problems
- complex/multiple health problems
- geriatric health problems
- chronic pain