

## Amendment No. 5

Customer Name ("CUSTOMER")	Customer Number	Purchase Order Number	
CONTRA COSTA PUBLIC HEALTH LABORATORY	450450		
Contact Name	Contact Phone Number	Contact Email	
Stephanie Trammell	925-370-5775	stephanie.trammell@cchealth.org	
Bill To Address	Ship To Address	Hologic Representative	
2500 ALHAMBRA AVE RM 209 MARTINEZ, CA 94553	2500 ALHAMBRA AVE RM 209 MARTINEZ, California 94553	Niki Richie 916-202-2626 niki.richie@hologic.com	

This amendment ("Amendment") to that certain Equipment Usage Attachment dated January 16, 2020, as amended from time to time ("Agreement") between Hologic Sales and Service, LLC ("Hologic"), and Contra Costa County on behalf of its Health Services Department Public Health Laboratory ("Customer") is by and between Hologic and Customer and is effective on the execution date by Hologic ("Amendment Date"). Hologic and Customer are collectively referred to herein as the "Parties."

WHEREAS, the Parties are desirous of amending the Agreement.

NOW THEREFORE, in consideration of the agreements, mutual representations and covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

 As of the Amendment Date, the Parties acknowledge and agree that the Customer will transition from Cost Per Reportable pricing for Aptima HBV Assay to cost per kit pricing. The Agreement shall be amended to add the following products:

## **Aptima HBV Quant Assay**

Commitment Period: AnnuallyNumber of Committed Tests: 1,000

Price Per Test: \$35.00

Product Number	Description	Quantity of Tests per Kit/Box	Price per Kit/Box
PRD-03868	HBV VIRAL LOAD ASSAY, APTIMA, 100-TEST, US IVD	100	\$3,500.00

## **Non-Committed**

Product Number	Description	Price per Kit/Box
PRD-04476	INTERNAL CONTROL -X, FUSION, CE-IVD	\$0.00
PRD-04477	FCR-X/FER-X, FUSION, 960-TEST, CE-IVD	\$0.00
PRD-06783	APTIMA WHOLE BLOOD DILUENT, IVD	\$0.00
PRD-06232	EXTRACTION REAGENTS - B, FUSION, IVD	\$0.00
PRD-06234	INTERNAL CONTROL -B, FUSION, IVD	\$0.00
PRD-07788	RESPDIRECT KIT, US	\$200.00
PRD-04940	M GEN CONTROLS, APTIMA	\$0.00

2. The Parties expressly agree that there are no other understandings, writings or discussions related to the subject matter hereof other than the Agreement and this Amendment. Except as expressly modified by this Amendment, the Agreement shall continue in full force and effect in accordance with its terms as stated therein, but, to the extent of such modification, the provisions of this Amendment shall supersede those of the Agreement.

**IN WITNESS WHEREOF**, the parties hereto have caused this Amendment to the Agreement to be executed by their fully authorized representative.

Accepted and agreed to:

Customer (by its authorized representation)	ntive)	Hologic Sales and Service, LLC (by its authorized representative)	
Name	Title	DIN Q 3	
		Douglas Donovan VP, US Sales, Diagnostic Solutions	03/31/2025
Signature	Date	Signature	Date

The offer contained in this Agreement is null and void if this Agreement is not executed by Customer (and returned to Hologic) on or before <u>May 31, 2025 ("Offer Expiration Date")</u>, or accepted by Hologic as indicated by Hologic's signature above.

## PLEASE EMAIL COMPLETED AND SIGNED AGREEMENT TO

DiagContractData@hologic.com

<sup>\*</sup> Hologic's signature is contingent upon Customer signing this Agreement and returning to Hologic by 05/31/2025.