

# CONTRACT ROUTING SHEET

Date Prepared: 4-17-09

Need Date: 4-30-09

**PROCESSING DEPARTMENT:**

Department: Sheriff  
Dept. Contact: Sherry Bahlman  
Phone #: 621-5690  
Department  
Head Signature: Sherry G. Bahlman

**CONTRACTOR:**

Name: William J. Gilles, M.D.  
Address: 1000 Fowler Way, Suite 4  
Placerville, CA 95667  
Phone: 530 622-0495

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Selected pathology and related services for the Sheriff's Office, Coroner Div.  
Contract Term: 8-1-09 to 7-31-12 Contract Value: \$423,000.00  
Compliance with Human Resources requirements? Yes: X No:           
Compliance verified by: Cheryl Dorosh

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: ✓ Disapproved:          Date: 4/27/09 By: [Signature]  
Approved:          Disapproved:          Date:          By:         

Consider adding as Exhibit C a HIPAA Business Associate Agreement. It could be referenced in Article V.

Done  
5/1/09  
SJB

09 APR 21 AM 8:41  
PURCHASING RECEIVED

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved:          Date: 4/29/09 By: [Signature]  
Approved:          Disapproved:          Date:          By:         

09 APR 28 AM 10:30  
RISK MANAGEMENT RECEIVED

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments:           
Approved:          Disapproved:          Date:          By:           
Approved:          Disapproved:          Date:          By: