NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	1/16/20	Need Date:	1/24/20
PROCESSING DI Department: Dept. Contact: Phone: Department Head Signature: Auditor/Contracting I Service Requeste Contract Term:	EPARTMENT: HHSA Lisa Konyecsni Ext. 6901 Donald Semon, Director ontroller Notified N/A – Und	CONTRACT Name: Address: Phone: Org Code: ler \$100k - Non- avioral Health Di medication choice Contract Value	Assurex dba Myriad Neuroscience 6960 Cintas Blvd. Mason ,OH 45040 5320 Financial vision
HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW			

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW