

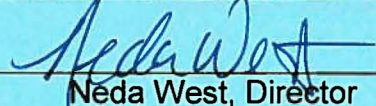
Internal Contract No: 393-187B-P-N2011
Purchasing Contract No: _____
Index Code: 408210

CONTRACT ROUTING SHEET

Date Prepared: ²⁸ April 18, 2011

Need Date: 5/12/11

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department
Head Signature: 
Neda West, Director

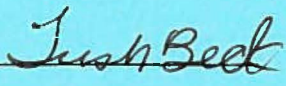
CONTRACTOR:

Name: American Heart Association
Address: & UC Davis Med Cntr
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

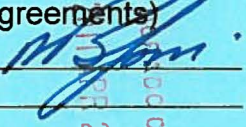
Service Requested: Collaboration to develop STEMI guidelines for amb svc clients
Contract Term: on signature / perpetual Contract Value: \$0.00
Compliance with Human Resources requirements? Yes ☒ No ☐
Compliance verified by: Other _____

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

Approved: ☒ Disapproved: _____ Date: 5/6/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____
2/26 - NOTE TO COUNSEL: AHA has committed to ADDING SIGNATURE
Block for NON-PCI CAPABLE Hospital to sign agmt. K. Lang

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

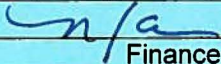
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ☒ Disapproved: _____ Date: 5/9/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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


Program Manager Date: 4-19-2011


Finance Date: MAY -6 PM 3:14