


NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 1/16/20

Need Date: 1/24/20

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: Ext. 6901
Department
Head Signature: 
Donald Semon, Director

CONTRACTOR:

Name: Assurex dba Myriad Neuroscience
Address: 6960 Cintas Blvd.
Mason, OH 45040
Phone: _____
Org Code: 5320

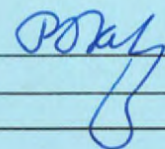
Auditor/Controller Notified ~~N/A - Under \$100k~~

CONTRACTING DEPARTMENT: HHSA - Behavioral Health Division

Service Requested: Genetic testing to support medication choices

Contract Term: Upon execution - 6/30/20~~23~~ Contract Value: \$60,000 \$100,000

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

Approved: Disapproved: _____ Date: 1/28/2020 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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