

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/30/2021

Need Date: 04/15/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: Avellino Lab USA, Inc. AND Subcont: Covid Dx

Dept. Contact: Consie Mote

Address: 1505 Adams Drive, Suite B2,

Phone: 642-7118

Menlo Park, CA 94025

Department Head Signature: Nita Wracker

Phone: _____

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.30 15:04:08 -07'00'

Org Code: 5400

Nita Wracker, MBA CPA

Project # _____

Agency CFO

(if applicable): 54disaster-54opex-50300-ws

Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Contract

Description: Agreement between Avellino, Covid Dx and County for Covid testing

Contract Term: Upon execution with three(3) 1-yr renewable terms Contract Value: \$ 3,500,000.00

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

Approved: Disapproved: Date: 04/27/2021 By: Paula Frantz

Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2021.04.27 16:37:28
-07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!