

Hospital Vendor Contract Summary Sheet

1. Existing Vendor New Vendor

2. **Name of Contract:** Stericycle Rx

3. **Contract Parties:** Stericycle Rx/MRMC.

4. **Contract Type Services :** Service Agreement

5. **Impacted Hospital Departments:** Pharmacy

6. **Contract Summary:** This is for pharmaceutical waste destruction.

7. **Cost:** \$228.80/month

8. **Prior Cost:** \$215/month

9. **Term:** 36 months

10. **Termination Clause:** None

11. **Other:** Each additional container beyond the annual allotment = \$247.25
Each additional stop beyond the annual allotment = \$517.50