

Hospital Vendor Contract Summary Sheet

1. ☐ Existing Vendor ☒ New Vendor
2. **Name of Contract:** WellLink Group Purchasing Agreement
3. **Contract Parties:** WellLink /MRMC
4. **Contract Type Services:** Purchasing Agreement
5. **Impacted Hospital Departments:** Hosptial
6. **Contract Summary:** This agreement allows for WellLink to purchase products from participating vendors at discounted prices.
7. **Cost:** \$0
8. **Prior Cost:** \$0
9. **Term:** Initiation of agreement
10. **Termination Clause:** 180 days prior written notice
11. **Other:**