## **Hospital Vendor Contract Summary Sheet**

**⊠** Existing Vendor 1. ☐ New Vendor Name of Contract: Change Order 2. **3. Contract Parties: Critical Alert and MRMC** 4. **Contract Type Services: Nurse Call System** 5. **Impacted Hospital Departments: Nursing/Patients** 6. Contract Summary: This is a change order adding devices required to satisfy State Health Dept. Compliance for Nurse Call systems UL1069 code requirements. Cost: \$10,439.62 7. **Prior Cost: \$160,132.00** 8. **Term: Capital Asset/Purchase** 9. **10. Termination Clause: N/A** 

11.

Other: