



Contract Number

17-340 A-2

SAP Number

4400006602

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	Arrowhead Pathology Medical Group, Inc.
Contractor Representative	Carolyn S. Leach, MD
Telephone Number	909-580-0010
Contract Term	07/01/2017 – 06/30/2022
Original Contract Amount	\$1,466,714 annually plus variable amounts
Amendment Amount	Amount Varies
Total Contract Amount	\$1,466,714 annually plus variable amounts
Cost Center	9110004200

AMENDMENT NO. 2

Amend Agreement No. 17-340 in the following manner, effective July 1, 2020:

Amend Part III Duties of Corporation, Add Section 3.21 to read:

3.21 Key Performance Indicators

Corporation shall work to improve the following Key Performance Indicators by a minimum of 2% each year:

- A. Rate of Major Discrepancy in Diagnosis between Frozen Section and Final Diagnosis
 - a. Rate of major discrepancies when comparing diagnosis from a frozen section to the final diagnosis.
- B. Rate of Surgical Pathology Case Review
 - a. Rate of retrospective review of all surgical pathology cases.
- C. Rate of Preliminary Autopsy Diagnosis (PAD) Sign-Out.
 - a. Rate of autopsy PAD signed out in less than two business days.

Amend Part III Duties of Corporation, Add Section 7.14 to read:

7.147.13 Term of Contract

This Contract shall be effective July 1, 2017, ("Effective Date"), and shall remain in effect through June 30, 2022, unless otherwise terminated pursuant to Section 7.14.

All other terms and conditions of Agreement No. 17-340 shall remain in full force and effect.

COUNTY OF SAN BERNARDINO

►

Curt Hagman, Chairman, Board of Supervisors

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

By _____
Deputy

ARROWHEAD PATHOLOGY MEDICAL GROUP,
INC.

(Print or type name of corporation, company, contractor, etc.)

By ► _____
(Authorized signature - sign in blue ink)

Name Carolyn S. Leach, MD
(Print or type name of person signing contract)

Title President
(Print or Type)

Dated: _____

Address 400 North Pepper Ave

Colton, CA 92324

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Scott Runyan, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►

William L. Gilbert, Director

Date _____