



Contract Number

15-768 A2

SAP Number

N/A

Sheriff/Coroner/Public Administrator

**Department Contract Representative
Telephone Number**

John Ades, Captain
(909) 387-0640

Contractor

Loma Linda University Medical
Center

**Contractor Representative
Telephone Number**

Paul Herrmann, MD
(909) 558-4494

Contract Term

11/1/2015 – 06/30/2022

Original Contract Amount

Fee Per Service

Amendment Amount

-

Total Contract Amount

Fee Per Service

Cost Center

4436501000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

Contract 15-768, to provide a Forensic Pathology rotation for Pathology Residents to the Sheriff/Coroner/Public Administrator Department is hereby amended effective July 1, 2021 as follows:

1. To replace the first paragraph of Section C. TERM OF CONTRACT with the following:

The Contract is effective as of November 1, 2015 and expires June 30, 2022 but may be terminated earlier in accordance with provisions of the Contract.

2. To add subsection I.1 to Section I. ENTIRE AGREEMENT as follows:

I.1 If applicable, due to and for the duration of the COVID-19 pandemic, pursuant to the Uniform Electronic Transaction Act (Cal. Civ. Code §§ 1633.1 to 1633.17), and the San Bernardino County Board of Supervisors Resolution No. 2020-030, the parties hereto authorize the use of electronic, facsimile, and/or digital signatures in the execution of this Contract and any of its subsequent amendments. Such signatures shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

Except as amended, all other terms and conditions of this contract remain as stated herein.

COUNTY OF SAN BERNARDINO

► 
Curt Hagman, Chairman, Board of Supervisors

Dated: JUN 22 2021

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

Loma Linda University School of Medicine
(Print or type name of corporation, company, contractor, etc.)

By ► 
(Authorized signature - sign in blue ink)

Name Tamara Thomas, MD
(Print or type name of person signing contract)

Title Dean, Loma Linda University School of Medicine
(Print or Type)

Dated: _____

Address 11234 Anderson Street, Room MC2516

Loma Linda, CA 92354


FOR COUNTY USE ONLY

Approved as to Legal Form
► 
Richard D. Luczak, Deputy County Counsel

Date 6/10/2021

Reviewed for Contract Compliance
► _____

Date _____

Reviewed/Approved by Department
► 
John Ades, Captain

Date 6/10/2021