



Contract Number _____

SAP Number _____

Arrowhead Regional Medical Center

Department Contract Representative	<u>Andrew Goldfrach</u>
Telephone Number	<u>(909) 580-6150</u>
 Contractor	 <u>Amgen Inc</u>
Contractor Representative	<u>Katie Fletcher</u>
Telephone Number	<u>(919) 299-9344</u>
Contract Term	<u>Five Years from Date of Execution</u>
Original Contract Amount	_____
Amendment Amount	_____
Total Contract Amount	_____
Cost Center	<u>9197964200</u>
Grant Number (if applicable)	_____

Briefly describe the general nature of the contract: Non-financial Confidential Disclosure Agreement with Amgen, Inc. to allow for the exchange of information and participation in a study clinical trial for a contract period of five years from the date fully executed.

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____
Bonnie Uphold, Supervising Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____

Date _____

Reviewed/Approved by Department

► _____
Andrew Goldfrach, ARMC Chief Executive Officer

Date _____