



Contract Number




SAP Number

### Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	<u>William L. Gilbert</u>
<b>Telephone Number</b>	<u>(909) 580-6150</u>
<b>Contractor</b>	<u>Avita Medical Americas, LLC</u>
<b>Contractor Representative</b>	<u>Luke Spak</u>
<b>Telephone Number</b>	<u>(661) 904-5556</u>
<b>Contract Term</b>	<u>February 11, 2020 to February 10, 2021</u>
<b>Original Contract Amount</b>	<u>\$330,000</u>
<b>Amendment Amount</b>	<u></u>
<b>Total Contract Amount</b>	<u>\$330,000</u>
<b>Cost Center</b>	<u>9174214200</u>

**Briefly describe the general nature of the contract:** Approve the Agreement with Avita Medical Americas, LLC. for the purchase of RECELL Autologous Cell Harvesting Devices in an amount not to exceed \$330,000 for the one year period of February 11, 2020 to February 10, 2021, with the option to renew for four additional one-year periods.

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
 _____ Bonnie Uphold, County Counsel	 _____	 _____ William L. Gilbert, Director
Date _____	Date _____	Date _____