



Office of Finance
62 South Dunlap Street
Memphis, TN 38163
T (901) 448-5523
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Memphis
Knoxville
Chattanooga
Nashville

July 27, 2017

Ms. Krista Lee
Executive Director
Fiscal Review Committee
320 Sixth Avenue, North-8th Floor
Nashville, TN 37243-0057

REVISED AND REDACTED
08.11.2017

Dear Ms. Lee,

For a number of years, the University of Tennessee Health Science Center (HSC) has affiliated with the West Cancer Clinic as our primary oncology faculty practice group in partnership with Methodist Le Bonheur Healthcare. As our affiliation has grown over the past several years, our ability to participate in clinical cancer trials has also grown, which is one of our goals for the affiliation. The challenge for all clinical trials, however, is that sponsors often do not fully support the full costs (primarily indirect) of trials.

As part of our affiliation with West and Methodist, the HSC receives \$5 million annually to support the academic mission of our oncology programs. Clinical trials are managed through the administrative structure the West Clinic has had in place for a number of years (prior to our affiliation). Therefore, to manage the shortfall in clinical trial funding, we have agreed with our partners to apply a portion of that academic support funding to cover a portion of the shortfall.

In 2015, we executed a contract with West for \$200,000 to cover a period through June 30, 2016. As the effort started slower than anticipated, we were able to extend that contract for one year without increasing the liability. In early 2017, we recognized the growth in our participation in cancer trials and increased the liability by \$40,000 to a maximum of \$240,000 and extended the end date to June 30, 2018.

Fortunately, our participation in trials continues to grow and we now expect the need to support additional trials this fiscal year and propose to increase the contract by \$160,000 for a total of \$400,000. The end date of the contract would remain at June 30, 2018.

Ms. K. Lee
West Clinic Contract
July 27, 2017
Page 2

I hope this letter and the attached documents adequately present the justification for this amendment. As always, please let me know if you have questions or need additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read 'A. Ferrara', with a long horizontal flourish extending to the right.

Anthony A. Ferrara
Vice Chancellor/Chief Financial Officer

/VOLUMES/FINANCE/VICECHANCELLOR/GENERAL LETTERS -- DOCUMENTS/FY 2018/LEE WEST CLINIC AMENDMENT/LEE WEST CLINIC EXTENSION.DOCX

Enclosures

cc: Scott Grammar
Meagan Jones
Mark Paganelli
Sandra Pulliam
Blake Reagan

CONTRACT SUMMARY SHEET

021406

RFS #		Contract #	
N/A		N/A	
State Agency		State Agency Division	
University of Tennessee		Health Science Center	
Contractor Name		Contractor ID # (FEIN or SSN)	
West Clinic PO		<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V-	
Service Description			
Support of research through federal funded cooperative groups or through the Dana Cancer Institute Blood Cancer Research Consortium.			
Contract BEGIN Date		Contract END Date	
5/1/15		6/30/18	
Subrecipient or Vendor?		CFDA #	
Vendor			
Mark Each TRUE Statement			
<input type="checkbox"/> Contractor is on STARS		<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts	
Allotment Code	Cost Center	Object Code	Fund
332.3	N/A	N/A	N/A
Funding Grant Code	Funding Subgrant Code		
N/A	N/a		
FY	State	Federal	Interdepartmental
2015 - 2018			\$ 240,000.00
2018			\$ 160,000.00
TOTAL:	\$ -	\$ -	\$ 400,000.00
— COMPLETE FOR AMENDMENTS ONLY —		State Agency Fiscal Contact & Telephone #	
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	
2015-2081	\$240,000.00		Anthony A. Ferrara 901-448-5523
2018		\$160,000.00	David L Miller 865-974-1763
TOTAL:	\$ 240,000.00	\$ 160,000.00	
End Date	6/30/18	6/30/18	
7			
<input type="checkbox"/> African American	<input type="checkbox"/> Person w/ Disability	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> NOT disadvantaged
<input type="checkbox"/> OTHER minority/disadvantaged—			
Contractor Selection Method (complete for ALL base contracts— N/A to amendments or delegated authorities)			
<input type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Competitive Method	
<input checked="" type="checkbox"/> Non-Competitive Negotiation	<input type="checkbox"/> Negotiation w/ Government(eg.ID,GG,GU)	<input type="checkbox"/> Other	
Procurement Process Summary (complete for Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR Other)			

Supplemental Documentation Required for
Fiscal Review Committee

*Contact Name:	Anthony A. Ferrara	*Contact Phone:	901-448-5523
*Presenter's name(s):	Anthony A. Ferrara		
Edison Contract Number: <i>(if applicable)</i>		RFS Number: <i>(if applicable)</i>	
*Original or Proposed Contract Begin Date:	05/01/15	*Current or Proposed End Date:	06/30/18
Current Request Amendment Number: <i>(if applicable)</i>	3		
Proposed Amendment Effective Date: <i>(if applicable)</i>	October 1, 2017		
*Department Submitting:	University of Tennessee		
*Division:	Health Science Center		
*Date Submitted:	July 28, 2017		
*Submitted Within Sixty (60) days:	Yes		
<i>If not, explain:</i>			
*Contract Vendor Name:	West Clinic PC		
*Current or Proposed Maximum Liability:	\$400,000.00		
*Estimated Total Spend for Commodities:	\$		
*Current or Proposed Contract Allocation by Fiscal Year: (as Shown on Most Current Fully Executed Contract Summary Sheet)			
FY: 2016	FY: 2017	FY: 2018	FY: FY
\$ 33,813.00	\$139,769.00	\$226,418.00	\$ \$
*Current Total Expenditures by Fiscal Year of Contract: (attach backup documentation from Edison)			
FY:2016	FY: 2017	FY: 2018	FY: FY
\$0.00	\$173,582.00	\$19,600.10	\$ \$
IF Contract Allocation has been greater than Contract Expenditures, please give the reasons and explain where surplus funds were spent:			
IF surplus funds have been carried forward, please give the reasons and provide the authority for the carry forward provision:			
IF Contract Expenditures exceeded Contract Allocation, please give the reasons and explain how funding was acquired to pay the overage:			

Supplemental Documentation Required for
Fiscal Review Committee

*Contract Funding Source/Amount:			
State:		Federal:	
<i>Interdepartmental:</i>		<i>Other:</i>	\$400,000
If “ <i>other</i> ” please define:		Funded through the Base Mission Support from Methodist Hospital “to foster long term growth and development of the Cancer Program”.	
If “ <i>interdepartmental</i> ” please define:			
Dates of All Previous Amendments or Revisions: <i>(if applicable)</i>		Brief Description of Actions in Previous Amendments or Revisions: <i>(if applicable)</i>	
Method of Original Award: <i>(if applicable)</i>		Competitive - RFP	
*What were the projected costs of the service for the entire term of the contract prior to contract award? How was this cost determined?			
*List number of other potential vendors who could provide this good or service; efforts to identify other competitive procurement alternatives; and the reason(s) a sole-source contract is in the best interest of the State.			

WEST CLINIC PC PAYMENTS
UT CONTRACT # 8500057151/8500052062/8500049325

Vendor #	Vendor Name	FI doc.#	Amount	MI	Minority Indicator	Post Date	G/L	Fund	PM-Doc	Check #	Assignment #
1085569	WEST CLINIC PC 2404104260		4,589.00	09	Undisclosed	7/20/16	437500	R07336615&C		12249779	8500049325
1085569	WEST CLINIC PC 2404104264		29,224.00	09	Undisclosed	7/20/16	437500	R07336615&C		12249779	8500049325
1085569	WEST CLINIC PC 2404114702		6,903.00	09	Undisclosed	9/1/16	437500	R07336615&C		12257028	8500052062
1085569	WEST CLINIC PC 2404119855		806.00	09	Undisclosed	9/7/16	437500	R07336615&C		12259728	8500052062
1085569	WEST CLINIC PC 2404119867		6,292.00	09	Undisclosed	9/7/16	437500	R07336615&C		12259728	8500052062
1085569	WEST CLINIC PC 2404114705		28,392.00	09	Undisclosed	10/1/16	437500	R07336615&C		12258726	8500052062
1085569	WEST CLINIC PC 2404131095		403.00	09	Undisclosed	10/6/16	437500	R07336615&C		12262710	8500052062
1085569	WEST CLINIC PC 2404131097		4,836.00	09	Undisclosed	10/6/16	437500	R07336615&C		12262710	8500052062
1085569	WEST CLINIC PC 2404142065		6,045.00	09	Undisclosed	11/8/16	437500	R07336615&C		12266653	8500052062
1085569	WEST CLINIC PC 2404151437		403.00	09	Undisclosed	12/6/16	437500	R07336615&C		12270386	8500049325
1085569	WEST CLINIC PC 2404151443		5,239.00	09	Undisclosed	12/6/16	437500	R07336615&C		12270386	8500049325
1085569	WEST CLINIC PC 2404162747		5,239.00	09	Undisclosed	1/13/17	437500	R07336615&C		12275391	8500052062
1085569	WEST CLINIC PC 2404162750		403.00	09	Undisclosed	1/13/17	437500	R07336615&C		12275391	8500052062
1085569	WEST CLINIC PC 2404162752		1,462.50	09	Undisclosed	1/13/17	437500	R07336615&C		12275391	8500052062
1085569	WEST CLINIC PC 2404171294		572.00	09	Undisclosed	2/7/17	437500	R07336615&C		12278411	8500052062
1085569	WEST CLINIC PC 2404171300		4,030.00	09	Undisclosed	2/7/17	437500	R07336615&C		12278411	8500052062
1085569	WEST CLINIC PC 2404171307		4,721.60	09	Undisclosed	2/7/17	437500	R07336615&C		12278411	8500052062
1085569	WEST CLINIC PC 2404172489		2,112.50	09	Undisclosed	2/9/17	437500	R07336615&C		12279182	8500052062
1085569	WEST CLINIC PC 2404182494		1,521.00	09	Undisclosed	3/9/17	437500	R07336615&C		12282797	8500052062
1085569	WEST CLINIC PC 2404182496		5,454.80	09	Undisclosed	3/9/17	437500	R07336615&C		12282797	8500052062
1085569	WEST CLINIC PC 2404193713		10,914.80	09	Undisclosed	4/11/17	437500	R07336615&C		12286959	8500052062
1085569	WEST CLINIC PC 2404193718		5,642.00	09	Undisclosed	4/11/17	437500	R07336615&C		12286959	8500052062
1085569	WEST CLINIC PC 2404200244		403.00	09	Undisclosed	5/1/17	437500	R07336615&C		12287522	8500052062
1085569	WEST CLINIC PC 2404200246		5,642.00	09	Undisclosed	5/1/17	437500	R07336615&C		12287522	8500052062
1085569	WEST CLINIC PC 2404206040		4,433.00	09	Undisclosed	5/12/17	437500	R07336615&C		12290284	8500057151
1085569	WEST CLINIC PC 2404206041		728.00	09	Undisclosed	5/12/17	437500	R07336615&C		12290284	8500057151
1085569	WEST CLINIC PC 2404206043		3,834.50	09	Undisclosed	5/12/17	437500	R07336615&			8500057151
1085569	WEST CLINIC PC 2404206045		858.00	09	Undisclosed	5/12/17	437500	R07336615&C		12290284	8500057151
1085569	WEST CLINIC PC 2502938947		-3,834.50	09	Undisclosed	5/12/17	437500	R07336615&		2502938947	
1085569	WEST CLINIC PC 2404208568		4,010.00	09	Undisclosed	5/18/17	437500	R07336615&C		12290284	8500057151

Vendor #	Vendor Name	FI doc.#	Amount	MI	Minority Indicator	Post Date	G/L	Fund	PM-Doc	Check #	Assignment #
1085569	WEST CLINIC PC 2404209980		1,534.00	09	Undisclosed	5/23/17	437500	R07336615&C		12290749	8500052062
1085569	WEST CLINIC PC 2404216559		3,367.00	09	Undisclosed	6/12/17	437500	R07336615&C		12295602	8500057151
1085569	WEST CLINIC PC 2404216564		5,239.00	09	Undisclosed	6/12/17	437500	R07336615&C		12295602	8500057151
1085569	WEST CLINIC PC 2404216568		806.00	09	Undisclosed	6/12/17	437500	R07336615&C		12295602	8500057151
1085569	WEST CLINIC PC 2404216574		9,822.80	09	Undisclosed	6/12/17	437500	R07336615&C		12295602	8500057151
1085569	WEST CLINIC PC 2404216578		1,534.00	09	Undisclosed	6/12/17	437500	R07336615&C		12295602	8500057151
Year 2017			173,582.00								
1085569	WEST CLINIC PC 2404300940		2,437.50	09	Undisclosed	7/10/17	437500	R07336615&C		2404300940	8500057151
1085569	WEST CLINIC PC 2404300943		4,030.00	09	Undisclosed	7/10/17	437500	R07336615&C		2404300943	8500057151
1085569	WEST CLINIC PC 2404300944		9,817.60	09	Undisclosed	7/10/17	437500	R07336615&C		2404300944	8500057151
1085569	WEST CLINIC PC 2404300945		3,315.00	09	Undisclosed	7/10/17	437500	R07336615&C		2404300945	8500057151
Year 2018			19,600.10								
TOTAL PAYMENTS			193,182.10								

**THE UNIVERSITY OF TENNESSEE
CONTRACT AMENDMENT**

This Amendment is to the Contract between the University of Tennessee ("University") and West Clinic, P. C. ("Contractor"), which Contract was entered into on May 1, 2015 (UT Contract #8500049325).

This Contract Amendment consists of this cover page and __0__ additional pages.

By mutual agreement, the UNIVERSITY and CONTRACTOR agree to the following amendment:

1. To increase dollar amount by \$160,000 beginning October 1, 2017 through ending date of June 30, 2018 to support research through federal funded cooperative groups or through the Dan Farber Cancer Institute Cancer Research Consortium. The University's maximum financial liability will total \$400,000.00

All other terms remain unchanged.

In witness of their acceptance of the terms of this agreement, the parties have had this Contract Amendment executed by their duly authorized representatives.

FOR CONTRACTOR:

ADDRESS:

7945 Wolf River Blvd.
Germantown, TN 38138

FOR UNIVERSITY:

DEPARTMENT NAME:

UT College of Medicine
Department of Medicine

RESPONSIBLE ACCOUNT:

R073366158

Name: Erich Mounce
Title: CEO

David L. Miller
Chief Financial Officer

Date

Date

**THE UNIVERSITY OF TENNESSEE
CONTRACT**

500049325

This Contract, made and entered into on May 1, 2015, documents the agreement between the University of Tennessee (hereafter UNIVERSITY) and West Clinic, P.C. (hereafter CONTRACTOR).

This Contract consists of this cover page, the University's Standard Terms and Conditions, and no additional pages. Terms contained on this cover page and the University's Standard Terms and Conditions shall prevail over those of any attachment unless otherwise stated below.

By mutual agreement, the UNIVERSITY and CONTRACTOR agree to the following:

1. The University will reimburse Contractor for the shortfall of underfunded clinical trials in accordance with a work order agreed upon for each study. In order to qualify for funding under this Contract, a study must be supported by a federally funded cooperative group or be selected through the Dana Farber Cancer institute Blood Cancer Research Consortium. Each work order must include payment schedules and milestones and be executed by the University and Contractor.

The Period of Performance under this Contract is from May 1, 2015 through June 30, 2016. However, the University may terminate this Contract by giving the Contractor at least thirty (30) days written notice before the effective termination date, in which event the Contractor shall be entitled to receive equitable compensation for satisfactory authorized work completed as of the termination date.

Other payment terms (Put N/A if none): The amount to be paid will be determined by schedules presented by The West Clinic per study per patient and billed monthly or no less than quarterly.

The UNIVERSITY's maximum liability under this Contract is \$200,000.

In witness of their acceptance of the terms of this agreement, the parties have had this Contract executed by their duly authorized representatives.

FOR CONTRACTOR:

ADDRESS:

7945 Wolf River Blvd.
Germantown, TN 38138

PHONE:

901-683-0055 ext 63017

FEDERAL ID #:

Erich Mounce

Name: ERICH MOUNCE

Title: CEO

11/10/2015 | 4:06:11 PM CT

Date

FOR UNIVERSITY:

DEPARTMENT NAME:

UT College Of Medicine
Department of Medicine

RESPONSIBLE ACCOUNT:

R073366149

DocuSigned by:

Charles Peccolo

85CB388073BA4F2...

Charles M. Peccolo
Treasurer
Chief Financial Officer

11/7/2015 | 7:45:19 AM CT

Date

UNIVERSITY'S STANDARD TERMS AND CONDITIONS

1. The University is not bound by this Contract until it is approved and signed by appropriate University authorized official(s). A list of the University's authorized officials is located here: <http://treasurer.tennessee.edu/contracts/contractsignature.html>
2. This Contract may be modified only by a written amendment which has been executed and approved by the authorized officials of both parties. A list of the University's authorized officials is located here: <http://treasurer.tennessee.edu/contracts/contractsignature.html>
3. The Contractor shall not assign this Contract or enter into a subcontract for any of the services performed under this Contract without obtaining the prior written approval of the University.
4. Unless otherwise indicated on the reverse, if this Contract provides for reimbursement for travel, meals or lodging, such reimbursement must be made in accordance with University travel policies.
5. The Contractor warrants that no part of the total Contract amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as officer, agent, employee, subcontractor, or consultant to Contractor in connection with any work contemplated or performed relative to this Contract, and that no employee or official of the State of Tennessee holds a controlling interest in the Contractor. If the Contractor is an individual, the Contractor certifies that he/she is not presently employed by the University or any other agency or institution of the State of Tennessee; that he/she has not retired from or terminated such employment within the past six months; and that he/she will not be so employed during the term of this Contract.
6. The Contractor shall maintain documentation for all charges against the University under this Contract. The books, records and documents of the Contractor, insofar as they relate to work performed or money received under this Contract, shall be maintained for a period of three (3) full years from the date of the final payment, and shall be subject to audit, at any reasonable time and upon reasonable notice, by the University or the Comptroller of the Treasury, or their duly appointed representatives. These records shall be maintained in accordance with generally accepted accounting principles.
7. No person on the grounds of disability, age, race, color, religion, sex, national origin, veteran status or any other classification protected by Federal and/or Tennessee State constitutional and/or statutory law shall be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract. The Contractor shall, upon request, show proof of such nondiscrimination, and shall post in conspicuous places, available to all employees and applicants, notice of nondiscrimination.
8. The Contractor shall comply with all applicable Federal and State laws and regulations in the performance of this Contract.
9. This Contract shall be governed by the laws of the State of Tennessee, which provide that the University has liability coverage solely under the terms and limits of the Tennessee Claims Commission Act.
10. The Contractor shall avoid at all times any conflict of interests between his/her duties and responsibilities as a Contractor and his/her interests outside the scope of any current or future Contracts. The following principles define the general parameters of a conflict of interests prohibited by the University:
 - a. Contractor's outside interests shall not interfere with or compromise his/her judgment and objectivity with respect to his/her duties and responsibilities to the University.
 - b. A Contractor shall not make or influence University decisions or use University resources in a manner that results in: Financial gain outside any current or future Contracts for either the Contractor or his/her relatives or Unfair advantage to or favored treatment for a third party outside the University.
 - c. A Contractor's outside financial interests shall not affect the design, conduct, or reporting of research.The Contractor certifies that he/she has no conflicts of interests and has disclosed in writing the following:
 - a. Any partners or employees of the Contractor who are also employees of the University.
 - b. Any relatives of the Contractor's partners or employees who work for the University.
 - c. Any outside interest that may interfere with or compromise his/her judgment and objectivity with respect to his/her responsibilities to the University.
11. If the Contractor fails to perform properly its obligations under this Contract or violates any term of this Contract, the University shall have the right to terminate this Contract immediately and withhold payments in excess of fair compensation for completed services. The Contractor shall not be relieved of liability to the University for damages sustained by breach of this Contract by the Contractor.
12. It is understood by the Contractor that the University will possess all rights to any creations, inventions, other intellectual property, and materials, including copyright or patents in the same, which arise out of, are prepared by, or are developed in the course of the Contractor's performance under this Contract. The Contractor and the University acknowledge and agree that the Contractor's work under this Contract shall belong to the University as "work-made-for-hire" (as such term is defined in U.S. Copyright Law). To the extent Contractor's work is not deemed to constitute "work-made-for-hire," Contractor hereby assigns and transfers to the University all of Contractor's right, title and interest in and to any creations, inventions, other intellectual property, and materials, including copyright or patents in the same, which arise out of, are prepared by, or are developed in the course of the Contractor's performance under this Contract.
13. For personal, professional, and consultant services, the Contractor shall submit brief, periodic progress reports to the University as requested.
14. In compliance with the requirements of Tenn. Code Ann. § 12-3-309, for any contract for goods or services purchased by the University, the Contractor hereby attests that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performances of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the United States in the performance of the Contract.
15. Any activities performed within the University of Tennessee facilities in support of this contract shall be executed in accordance with all applicable safety and environmental standards. Covered activities include but are not limited to the installation, servicing and maintenance of devices or equipment. Requisite safety standards include those promulgated by the Tennessee Occupational Safety and Health Administration (TOSHA), the Tennessee Department of Environment and Conservation (TDEC), Tennessee Division of Radiological Health, and any other regulation or related consensus standards which may apply to the device, equipment, or services covered under this contract. All hazardous substances and materials, including waste, under the control of the contractor shall be managed in accordance with applicable EPA and TDEC regulations. *Failure to abide by regulatory requirements may result in termination of the contract by the university. Any fines imposed against the University as the result of a contractor's failure to abide by regulations shall be the contractor's responsibility.*
16. This Contract is the entire agreement between the University (including University employees and other end users) and Contractor. In the event Contractor enters into terms of use, end user agreements, or other agreements or understandings, whether electronic, click-through, or shrink-wrap, and whether verbal or written, with University employees or other end users, such agreements shall be null, void, and without effect, and the terms of this Contract shall apply.
17. In compliance with the requirements of Tenn. Code Ann. § 12-3-306, the Contractor hereby attests that the Contractor has registered with the State of Tennessee's Department of Revenue for the collection of Tennessee sales and use tax. This registration requirement is a material requirement of this Contract.

8500052062

THE UNIVERSITY OF TENNESSEE CONTRACT AMENDMENT

This Amendment is to the Contract between the University of Tennessee (hereafter UNIVERSITY) and West Clinic, P.C. (hereafter) CONTRACTOR, which Contract was entered into on May 1, 2015 (UT Contract # 8500049325).

This Contract Amendment consists of this cover page and no additional pages.

By mutual agreement, the UNIVERSITY and CONTRACTOR agree to the following amendment:

1. Extend the term date through June 30, 2017 for the provision of support for the shortfall of underfunded clinical trials through federal funded cooperative groups or through the Dana Farber Institute Blood Cancer Research Consortium

All other terms remain unchanged.

In witness of their acceptance of the terms of this agreement, the parties have had this Contract Amendment executed by their duly authorized representatives.

FOR CONTRACTOR:

ADDRESS:

7945 Wolf River Blvd.
Germantown, TN 38138

PHONE:

901-683-0055 – Ext 63017

FEDERAL ID #: [REDACTED]

DocuSigned by:

341B806B14DE49A...

Name: Erich
Title: CEO

4/10/2016 | 10:59:20 AM CT

Date

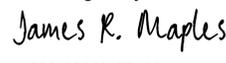
FOR UNIVERSITY:

DEPARTMENT NAME:

UT College of Medicine
Department of Medicine

RESPONSIBLE ACCOUNT:

R073366149

DocuSigned by:

2254328164FE467...

James R. Maples
Interim Treasurer/ Chief Financial Officer

4/4/2016 | 12:34:28 PM CT

Date

**THE UNIVERSITY OF TENNESSEE
CONTRACT AMENDMENT**

This Amendment is to the Contract between the University of Tennessee ("University") and West Clinic, P.C. ("Contractor"), which Contract was entered into on May 1, 2015 (UT Contract #8500049325, 1st amended #8500052062).

This Contract Amendment consists of this cover page and no additional pages.

By mutual agreement, the UNIVERSITY and CONTRACTOR agree to the following amendment:

1. Extend the term date through June 30, 2018 for the provision of support for the shortfall of underfunded clinical trials through federal funded cooperative groups or through the Dana Farber Institute Blood Cancer Research Consortium.
2. Add an additional \$40,000 to the contract to increase the total maximum amount to \$240,000.

All other terms remain unchanged.

In witness of their acceptance of the terms of this agreement, the parties have had this Contract Amendment executed by their duly authorized representatives.

FOR CONTRACTOR:

ADDRESS:

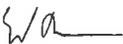
7945 Wolf River Blvd.
Germantown, TN 38138

PHONE:

901-683-0055/Ext 63017

FEDERAL ID #: [REDACTED]

DocuSigned by:



Name: Erich Mounce

Title: CEO

4/28/2017 | 8:26:37 PM CDT

Date

FOR UNIVERSITY:

DEPARTMENT NAME:

UT College of Medicine
Department of Medicine

RESPONSIBLE ACCOUNT:

R073366158

DocuSigned by:



Name: David L. Miller
Chief Financial Officer

3/17/2017 | 11:25:39 AM CDT

Date