



## **Routing Task Orders for Quest Diagnostics Contract UC 90782**

Unlike other agreements, you will **not** need to add this task order/amendment to the UAB Contracts & Vendor Compliance dashboard.

Please complete the attached routing sheet for **only** UC 90782.

The routing sheet is an editable form that will allow you to add the following:

- The department name and organization number
- The submission date
- The contract summary
- The appropriate manager, department head, or direct report
- The appropriate Dean or Director for initial approval
- The contact information

Once you have completed the form, please route to the appropriate representative in the department for review. (Note: The Quest Diagnostics contract number has already been filled in on these forms.)

### **Sample Routing:**

Submitter → Manager/Department Head/Direct Report → Dean/Director

**Note:** You must have two signatures from the department prior to submitting to UAB Contracts & Vendor Compliance.

After you have received the approval from the departmental routing process, please submit an electronic copy to [UABContracts@uab.edu](mailto:UABContracts@uab.edu).

**University**  
**Contract/Agreement Review Routing**

**Contract Number:** UC 90782

**Contract Between:**

UAB Org. Num. (9 Digit)/Department: \_\_\_\_\_  
& Outside Party: Quest Diagnostics (149292)

**Date of Submission for Review:** \_\_\_\_\_

**Contract Summary:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Once you have reviewed the attached agreement, please initial and date.**  
**Forward the agreement to the NEXT office marked on the list.**

**Initials    Date**

		(Division/Department/Center Director or Designated Representative)
		(Division/Department/Center Director or Designated Representative)
		(Division/Department/Center Director or Designated Representative)
School Dean (or Designated Representative) / Athletic Director		

**Forward all contracts to the University Contracts Office, Financial Affairs, AB 921, zip 0106**

The University Contracts Office will coordinate the central review process including: Legal, Financial, Risk Management, Real Estate, Provost, and other Special reviews as necessary.

Contract will be returned to the following person.

(Print Name)	(Campus Phone Number)
(E-mail)	(Campus Address)

**TASK ORDER # UNDER THE MASTER RESEARCH TESTING AGREEMENT BETWEEN THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA FOR THE UNIVERSITY OF ALABAMA AT BIRMINGHAM AND QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.**

**THIS TASK ORDER** is effective as of the \_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by and between Quest Diagnostics Clinical Laboratories, Inc., with a principal place of business located at 14225 Newbrook Drive, Chantilly, VA 20151 (“Quest Diagnostics”), and The Board of Trustees of The University of Alabama for The University of Alabama at Birmingham, with a principal place of business located at 701 20<sup>th</sup> Street South, 921 Administration Building, Birmingham, AL 35294 (“Researcher”).

**WHEREAS**, the parties have previously entered into a Master Research Testing Agreement on the 14th day of January, 2016, for the performance of laboratory testing for research purposes, (the “Agreement”); and

**WHEREAS**, the parties, by this Task Order, desire to add to the Agreement to include laboratory testing for the project detailed below and any other services listed below on the terms and conditions listed below.

**NOW, THEREFORE**, for and in consideration of the covenants and agreements made herein and of the mutual benefits occasioned by the terms of this Task Order, the presence of which are mutually acknowledged and confessed, the parties each agree as follows:

Attachment A of the Agreement is hereby supplemented to include the Task Order described below:

**[DESCRIBE THE CHANGE]**

<i>NOTE: Quest Diagnostics will perform its standard testing and results reporting unless otherwise indicated below (refer to performing laboratory’s Directory of Services if needed). All special services listed below must be consistent with Quest Diagnostics’ CLIA-based testing and record keeping protocols. The parties should describe the agreed-upon requirements and services as appropriate.</i>	
<b>NAME/SUMMARY OF RESEARCH</b>	
<b>RESEARCHER’S CONTACT PERSON(S)</b>	
<b>END OF TERM (DATE)</b>	
<b>QUEST DIAGNOSTICS PERFORMING LAB</b>	
<b>SPECIMEN DESCRIPTION (type, number, labeling, etc.)</b>	
<b>DUE TO THE REQUIREMENT OF DATE OF BIRTH ON SPECIMENS &amp; REQUISITIONS, SPECIMENS ARE NOT FULLY DE-IDENTIFIED, AND THEREFORE ADDITIONAL DOCUMENTATION MUST BE ON FILE. (PLEASE CHECK ONE OPTION IN THE NEXT COLUMN)</b>	<input type="checkbox"/> IRB or Privacy Board Waiver <input type="checkbox"/> IRB Approval and Patient Authorization
<b>OTHER MATERIALS, IF ANY, TO BE PROVIDED BY RESEARCHER</b>	
<b>TESTING SERVICES (assay or method, etc) and FEES per test.</b>	
<b>ADDITIONAL FEES (e.g., initial set-up</b>	

fees, charges for other special services):	
RESULTS/RECORDS (who receives results, format, etc.)	
SPECIMEN HANDLING (storage, temperature, disposition after testing, etc.)	
PERIOD OF SERVICES OR TIME REQUIREMENTS (e.g., specimens to be provided over 3 months):	

All other terms and provisions of the Agreement shall be continued and are hereby ratified and confirmed by each of the parties hereto.

Executed in duplicate originals on the dates set forth the below by duly authorized representatives of the parties.

**QUEST DIAGNOSTICS Clinical Laboratories, Inc.**

**The Board of Trustees of The University of Alabama for The  
University of Alabama at Birmingham**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_