



Attachment I – Cancelled or Terminated Contracts

If applicable, Respondents shall include a list of any contracts that have been terminated within the last five (5) years, along with an explanation of the cancellation and the names, email address and phone number of a reference person with that institution.

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Check box if not applicable

Terminated Contract 1

Client Name:

Location:

Contact Name:

Title:

Phone:

Email:

Contract Date From:

Contract Date To:

Contract Value: \$

Approx Number of Cardiac Monitors:

Scope of Work:

Terminated Contract 2

Client Name:

Location:

Contact Name:

Title:

Phone:

Email:

Contract Date From:

Contract Date To:

Contract Value: \$

Approx Number of Cardiac Monitors:

Scope of Work:



Attachment I – Cancelled or Terminated Contracts

Terminated Contract 3

Client Name:

Location:

Contact Name:

Title:

Phone:

Email:

Contract Date From:

Contract Date To:

Contract Value: \$

Approx Number of Cardiac Monitors:

Scope of Work: