

## ATTACHMENT II to SCOPE OF WORK

### *Metabolic Vendor Quarterly Summary Report*

_____ Qtr #1 (July-Sept. 2008)	Due Date: November 1, 2008
_____ Qtr #2 (Oct.-Dec. 2008)	Due Date: February 1, 2009
_____ Qtr #3 (Jan.-Mar. 2009)	Due Date: May 1, 2009
_____ Qtr #4 (Apr.-June 2009)	Due Date: August 1, 2009

Vendor Agency: \_\_\_\_\_

Vender Agreement #: 08- \_\_\_\_\_

Person Completing Report: \_\_\_\_\_

Date Approved by Project Director: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Received in GDB: \_\_\_\_\_

#### List Your Current CCS Center Personnel

Physician \_\_\_\_\_  
RN \_\_\_\_\_  
Registered Dietician \_\_\_\_\_  
MSW \_\_\_\_\_  
Genetic Counselor \_\_\_\_\_  
Other Clinic Staff (Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Center Personnel Changes

If there are personnel changes, please also submit a Personnel Change Form. Additional positions or changes in positions will require approval from GDB. Approval must be obtained from the NBSP Metabolic Center Liaison prior to the submission of the quarterly invoice and at least two weeks prior to a personnel change (whenever a change occurs in the salary, percent time, status and/or person in the position). Notification must be made through the use of the "PERSONNEL CHANGE REQUEST" (Exhibit 1). (See Administrative Polices/Guidelines, Item 2.)

\_\_\_\_\_ No personnel changes this quarter  
\_\_\_\_\_ Physician \_\_\_\_\_ RD  
\_\_\_\_\_ RN \_\_\_\_\_ MSW  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Metabolic Vendor  
Quarterly Summary Report**

**Vendor Name** \_\_\_\_\_

**New patient education materials developed or added to list of materials used?**

\_\_\_\_\_ Yes (list/attach copies)      \_\_\_\_\_ No

**Comments**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: In the event that this form is not submitted by the Project Director, the Project Director must be copied.**

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