

Order Form: The Supply of Healthcare Clinical Information Systems (HCIS)**Framework Agreement reference: SBS/15/CR/WAS/8387**

Date of order	28th April 2023	Order Number	D&T10866 To be quoted on all correspondence relating to this Order
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FROM

The Authority	Secretary of State for Health and Social Care acting as part of the Crown through the UK Health Security Agency (the " Authority ")
The Authority's Address	Nobel House, Smith Square, London, SW1P 3HX
Invoice Address	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>Accounts Payable; UK Health Security Agency, Manor Farm Road, Porton Down, Salisbury, SP4 0JG</p> <p>If you have a query regarding an outstanding payment please contact our Accounts Payable section either by email to [REDACTED]</p>
Contact Ref:	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
Authority Representative	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
Change Control Note Signatory (if different to Authority Representative)	As above

TO

Supplier	Trustmarque Solutions Ltd (the " Supplier ")
Supplier's Address	
Account Manager	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
Supplier Representative	<p>Name:</p> <p>Address:</p>

	Phone: e-mail:
Supplier's Technical Lead	

GUARANTEE

Guarantee to be provided	N/A
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Where a guarantee is to be provided then this Call off Contract is conditional upon the provision of a Guarantee to the Authority from the Guarantor in respect of the Supplier. Details of the Guarantor (if any) are set out below:

[Parent Company	[]	"Guarantor"
Parent Company address	[]	
Account Manager	Name: []	
	Address: []	
	Phone: []	
	e-mail: []	

1. TERM**(1.1) Initial Term**

12 months from 28th April 2023 (the "Service Commencement Date") to 27th April 2024.

(1.2) Extension Period

The Authority shall have the option to extend this Call of Contract for a period up to three (3) years. An extension to this Call of Contract shall only be effective if agreed in writing and signed by both Parties.

2. SERVICES REQUIREMENTS**(2.1) Services**

The Supplier shall deliver the following:

1. Cloudian *UK Health Security Agency * [HSA-4012 12 Month Standard Support, Part Replacement for HSA-4012t] Cloudian Inc HSA-4012-12m
2. Trustmarque Service Desk Support - FREE Service in Business hours. Log Support Tickets at [REDACTED]

(2.2) Standards

N/A

(2.3) Security Requirements

N/A

Processing personal data under or in connection with this Call off Contract

NO

(2.4) Exit Plan

N/A

3. SUPPLIER SOLUTION**(3.1) Supplier Solution**

Cloudian Support for 12 Months

(3.2) Account structure including Key Personnel**(3.3) Sub-Suppliers and Key Sub-Suppliers to be involved in the provision of the Services****(3.4) Commercially Sensitive Information****(3.5) Implementation Plan****4. SERVICE LEVELS AND PERFORMANCE MONITORING****(4.1) Service Levels and Service Credits**

N/A

5. CHARGES AND PAYMENT**(5.1) As specified below:**

Part No / Serial No	Description	Qty / Days	Unit Cost £	Total Cost £
SSD285952 3- SPEC09012 31448MD	Cloudian *UK Health Security Agency * [HSA-4012 12 Month Standard Support, Part Replacement for HSA- 4012t] Cloudian Inc HSA-4012-12m	15	██████	██████
S3 Support	Trustmarque Service Desk Support - FREE Service in Business hours. Log Support Tickets at Storage.Support@trustmarque.com	0	██████	██████

(5.2) Invoicing and Payment

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6. OPTIONAL CLAUSES AND/OR SPECIAL TERMS**(6.1) Optional Terms**

Not applicable

(6.2) Special Terms

N/A

For the purposes of this Order Form, the Parties agree that the following amendments to clause 13 of Appendix A, Schedule 2 of the Call-off Terms and Conditions shall apply:

13.2 Subject to Clauses 12.2, [REDACTED] 13.3 and [REDACTED]
[REDACTED] of this Schedule 2 of these Call-off Terms and Conditions, the total liability of each Party to the other under or in connection with this Contract whether arising in contract, tort, negligence, breach of statutory duty or otherwise shall be limited in aggregate to one hundred and twenty five percent (125%) of the total Contract Price paid or payable by the Authority to the Supplier for the Goods and Services.



BY SIGNING AND RETURNING THIS ORDER FORM THE SUPPLIER AGREES to enter a legally binding contract with the Authority to provide the Services. The Parties hereby acknowledge and agree that they have read the Call off Contract and by signing below agree to be bound by the terms of this Call off Contract.

For and on behalf of the Supplier:


Full Name: 
Job Title/Role: CCO

Date Signed: 28 / 4 / 2023

For and on behalf of the Authority:


Full Name: 
Job Title/Role: Commercial Lead

Date Signed: 28/04/2023