



**The Cochrane Collaboration**  
**St Albans House**  
**57-59 Haymarket**  
**London**  
**SW14QX**

Attn: REDACTED

Date: 20/08/21

Contract Reference: CCSD21A02

Dear Sir/Madam,

**Award of contract for the Provision of a Systematic Review for the IBI**

Following discussions in relation to the provision of *a systematic scientific review of the available literature and studies, focussing precisely on what information is known about the prevalence of Hepatitis B, Hepatitis C and HIV since 1970 up to the present day*, to **The Infected Blood Inquiry** (The Contracting Authority) we are pleased to award this contract to you.

This letter (Award Letter) and its Annexes set out the terms of the contract between **The Infected Blood Inquiry** as the Contracting Authority and **The Cochrane Collaboration** as the Supplier for the provision of the Services. Unless the context otherwise requires, capitalised expressions used in this Award Letter have the same meanings as in the terms and conditions of contract set out in Annex 1 to this Award Letter (the “**Conditions**”). In the event of any conflict between this Award Letter (and its Annexes) and the Conditions, this Award Letter (and its Annexes) shall prevail. Please do not attach any Supplier terms and conditions to this Award Letter as they will not be accepted by the Customer and may delay the conclusion of the Agreement.

**1. For the purposes of the Agreement, the Contracting Authority and the Supplier agree as follows:**

- 1.1. The Services shall be delivered at **the Supplier’s premises**.
- 1.2. The charges for the Services shall be as set out in Annex 2. The total contract value shall be £41,000.00, including all extension options.
- 1.3. The specification of the Services to be supplied is as set out in Annex 3 and within the Supplier’s response at Annex 4. Where there is conflict Annex 3 shall take precedence.
- 1.4. The Term shall commence on the **20<sup>th</sup> August 2021** the “Start Date”) and the Expiry Date shall be **19<sup>th</sup> October 2021**. The Customer reserves the option to extend the contract by **1 period of 6 weeks**.



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1.5. The address for notices of the Parties are:

**Contracting Authority**

**Infected Blood Inquiry**  
***Fleetbank House***  
***1st Floor***  
***2-6 Salisbury Square***  
***London***  
***EC4Y 8AE***

**Supplier**

***The Cochrane Collaboration***  
***St Albans House***  
***57-59 Haymarket***  
**London**  
**SW14QX**

Attention: REDACTED  
Email: REDACTED

Attention: Email: REDACTE  
REDACTED

1.6. The following persons are Key Personnel for the purposes of the Agreement:

1.6.1. For the Supplier:

Name	Title/Role for the Supplier
As above	As above

1.7.2 For the Contracting Authority:

Name	Title/Role for the Contracting Authority
As above	As above

## 2. Payment

Invoicing address:

Infected Blood Inquiry  
C/O SSCL  
PO Box 405  
Newport  
NP10 8FZ

Invoices must include allocated PO number and should also be

copied to REDACTED



All invoices must be sent, quoting a valid purchase order number (PO Number), to the above invoicing address. Within 10 working days of receipt of your countersigned copy of this letter, the Contracting

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Authority will send you a unique PO Number. You must be in receipt of a valid PO Number before submitting an invoice.

To avoid delay in payment it is important that the invoice is compliant and that it includes a valid PO Number, item number (if applicable) and the details (name and telephone number) of your Contracting Authority contact (i.e. Contract Manager). Non-compliant invoices will be returned, which may lead to a delay in payment. If you have a query regarding an outstanding payment please contact the Contracting Authority's Accounts Payable Team.

### 3. Liaison

For general liaison your contact will continue to be REDACTED

Please confirm your acceptance of the award of this contract by signing and returning the enclosed copy of this letter to by email reply, **within 1** day from the date of this letter. No other form of acknowledgement will be accepted. Please remember to quote the Contract Reference number above in any future communications relating to this Contract.

Thank you for your cooperation.

Yours faithfully,

Signed for and on behalf of **the Infected Blood Inquiry** ("the Customer")

Name: REDACTED

Job Title:

Signature: REDACTED

Date:

We accept the terms set out in this letter and its Annexes, including the Conditions.

Signed for and on behalf of **the Cochrane  
Collaboration** ("the Supplier")

Name: REDACTED



Crown  
Commercial  
Service

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Old Hall Street, Liverpool.  
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T 0345 010 3503  
E [info@crownccommercial.gov.uk](mailto:info@crownccommercial.gov.uk)

[www.gov.uk/ccs](http://www.gov.uk/ccs)

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Job Title: Head of Publishing, Research & Development Signature:

REDACTED

Date: 23 August 2021

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