# SCHEDULE 3 - CHANGE CONTROL CHANGE CONTROL NOTE

CCN number:

Contract title and reference:

Change Control title: Number of pages attached:

WHEREAS the Contractor and the Authority entered into a Contract for the **Provision of Bovine Tuberculosis Testing, its Associated Services and Bio-security Advice** dated *[dd/mm/yyyy]* (the **"The New Contract"**) and now wish to amend the Original Contract.

IT IS AGREED, following discussion with practice representatives, as follows:

1. With effect from *[date]* the Original Contract shall be amended as set out in this

Change Control Note:

|  |
| --- |
| Change requestor/originator: |
| Summary and reason for change: |
| Change in Contract Manager(s): |
| Other change: |

1. Save as herein amended all other Terms and Conditions of the Original Contract shall remain in full force and effect.

Signed for and on behalf of the Contractor:

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Name (block capitals):

Date:

Signed for and on behalf of the Authority:

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Name (block capitals):

Date: