

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR5 043

DEPARTMENT
SAN MATEO MEDICAL CENTER

DATE
02/18/05

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68140	2655	69,780 00	Other Foundation Grants
To	68140	4111	45,978 00	Regular Hours-Perm Position
	68140	5171	13,802 00	Other Clinical Expense
	68140	5877	10,000 00	Professional Independent Contractor

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to participate in a study of the safety and/or efficacy of Two Dose Levels of Interferon alfacon-1 (Infergen, CIFN) Plus Ribavirin Administered for 48 Wks vs. No Treatment in Hepatitis C Infected Patients who are non-responders to previous Pegylated Interferon Alfa Plus Ribavirin therapy. There is no change in Net County Cost.

DEPARTMENT HEAD
BY: *M. Dattay* DATE: 2/23/05

2. Board Action Required Four-Fifths Vote Required Board Action Not Required
Remarks:

COUNTY CONTROLLER
BY: *M. Dattay* DATE: 3-10-05

3. Approve as Requested Approve as Revised Disapprove
Remarks:

COUNTY MANAGER
BY: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE — FOR BOARD OF SUPERVISORS' USE ONLY

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA
RESOLUTION TRANSFERRING FUNDS
RESOLUTION NO. _____

RESOLVED, by the Board of Supervisors of the County of San Mateo, that
WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and
WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Manager has recommended the transfer of funds as set forth hereinabove:
NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____, 19____.

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____

County of San Mateo
Health Services Agency

ATRAER Form

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Controller's ATR Number

Department: San Mateo Medical Center
Division: San Mateo Community Health Clinic-Trials and Research

Type of Transaction: ATR AER
Status of Transaction: One-Time On-Going

Title: SMMC-Accept and Implement the InterMune, Inc.

Justification: This ATR will appropriate funding to participate in a study of the safety and/or efficacy of Two Dose Levels of Interferon alfacon - 1 (Infergen, C1FN) Plus Ribavirin Administered for 48-Wks vs. No Treatment in Hepatitis C Infected Patients who are non-responders to previous Pegylated Interferon Alfa Plus Ribavirin therapy.
There is no change in Net County Cost.

TO BP:	68500BP	Total:	69,680.00
FROM BP:	68500BP	Total:	69,680.00
		Net Change:	0.00

From/To	Sub Account	Account Description	Transfer Amt.
	68140 4111	Regular Hours-Perm Position	45,978.00
	68140 5171	Other Clinical Expense	13,802.00
	68140 5877	Professional Independent Contractor	10,000.00
		Appropriation Total	69,780.00
68140	2655	Other Foundation Grants	69,780.00
		Revenue Total	69,780.00
		Net County Cost	0.00