Department of State Health Services

Purchase Order

						Dispatch via Fili
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	H	HHSTX-3-000029342
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/22	Revision		
			Ship To:	5716 - San Antonio:7430 Louis Past DEPARTMENT OF STATE HEALTH SERVICES 7430 Louis Pasteur Dr San Antonio TX 78229 United States		
Vendor:	1201236503 2 ACCU REFERENCE MEDICAL LA 1901 E LINDEN AVE LINDEN NJ 070361114 United States	B LLC		Bill To:	Invoice-DSHS Fisc DEPARTMENT O 1100 W 49th St (RI PO Box 149347 Austin TX 78756 United States	F STATE HEALTH SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.texa	as.gov
Line Cab	Incordance Idams ID I find Day 11	<u>(1//4-</u>	0	Purchaser:	Cortes,Leticia C	512/406-2609
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

FY23 funding SP/E Requisition 192915

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by

Vendor contact AccuReference Medical Laboratory Roland Tubman 908-474-1004 Roland.Tubman@accureference.com

Cory Hallowitz 301-606-5512 Cory.Hallowitz@accureference.com

Agency contact Yesenia Wolfrum 210-949-2182 Yesenia.Wolfrum@dshs.texas.gov

PCS contact Leticia Cortes 512-406-2609 Leticia.cortes@hhs.texas.gov

					Schedule Total	\$200.00	
1-1	FY23 AccuReference Laboratories Service	948-55	1.00	LOT	200.00000	\$200.00	09/01/2022

whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this 08-31-2023 are automatically canceled.

Item Total for Line 1

\$200.00

Dispatch via Print

Department of State Health Services

Purchase Order

					Dispa	tch via Print	
Payment Ter Net 30	ms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-00	000293421	
specifications	by informal bid, Invitation for Offer, or Reque terms, and conditions set forth in the advertis	sement and vendor's	Date 09/01/22	Revision		Page 2	
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			Fax: Email:	512/458-7442 invoices@dshs.tex	kas.gov		
Line-Sch		Class/Item Ouantity	Purchaser: UOM	Cortes,Leticia C	51 Extended Amt	2/406-2609 Due Date	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity		O Amount	\$200.00	Due Date	

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By	
* Agticia Contin, CTCD	07/06/2022
	01100/2022