Department of State Health Services

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX	-3-0000298590
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			Date 09/01/22	Revision	Page 1
guarantees go requirements All shipmen	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.			Ship To: 1873 - Austin:201 W Howard Ln DEPARTMENT OF STATE HEALTH SERVICE 201 W Howard Ln Ste 200 Austin TX 78753 United States	
Vendor:	1382084239 4 QUEST DIAGNOSTICS CLINICAL PO BOX 822510 PHILADELPHIA PA 191822510	LABORATORIES	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE F 1100 W 49th St (RBB) PO Box 149347	HEALTH SERVICES

Fax: 512/458-7442

Email: invoices@dshs.texas.gov

Purchaser: Mullan, Susan

Austin TX 78756 United States

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

FREIGHT: F.O.B. Destination Freight Prepaid and Allowed

DELIVERY: 15 Days After Receipt of PO

United States

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

QUOTE # Premier PP-LA-486 Tier II pricing

AGENCY CONTACT: LIBRADA BANDA 512-776-2228 Librada.Banda@dshs.texas.gov

HHSC BUYER: Susan Mullan, CTCD, CTCM 512-406-2575 susan.mullan@hhs.texas.gov

VENDOR:

Quest Diagnostics Clinical Laboratories, Inc. James DeSimone (617) 599-6159 james.a.desimone@questdiagnostics.com

PREMIER GPO and DSHS Contract # HHS000722100001

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Not to Exceed \$1MM - solicited to (4) vendors

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 183333

Department of State Health Services

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			Ship To: 1873 - Austin:201 W Howard Ln DEPARTMENT OF STATE HEALTH 201 W Howard Ln Ste 200 Austin TX 78753 United States		SERVICES
Vendor:	1382084239 4 QUEST DIAGNOSTICS CLINICAL PO BOX 822510 PHILADELPHIA PA 191822510 United States	LABORATORIES	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SEI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	RVICES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

					naser: Mullan,Sus		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	TB blood screen using QFT	948-55	1.00	LOT	150000.00000	\$150,000.00	09/01/2022
					Schedule Total	\$150,000.00	
					Item Total for Line 1	\$150,000.00	
					Total PO Amount	\$150,000.00	

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	
Swamphulan CTCO, CTCM.	08/17/2022