

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000302052
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.			Date 10/05/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1909 - Harlingen:1301 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1301 S Rangerville Rd Harlingen TX 78552 United States
			Page 1

Vendor: 1362118323 8
COLLEGE OF AMERICAN PATHOLOGISTS
325 WAUKEGAN RD
NORTHFIELD IL 600932719
United States

Bill To: Invoice-DSHS Fiscal Claims
DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St (RBB)
PO Box 149347
Austin TX 78756
United States

Fax: 512/458-7442
Email: invoices@dshs.texas.gov

Purchaser: Griffin,Valerie 512/406-2458

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Funding

NB/0 - Non-biddable request where competitive bidding is not required or feasible, and a best value determination is not applicable. This is not a biddable service and this purchase order is being issued for payment purposes only.

Requisition: 0000207958 Pricing per Invoice # 2635456

PO Service Dates: 10-05-2022 to 08-31-2023

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 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 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 08-31-2023 are automatically canceled.

Vendor Contact
First and Last Name: Customer Service
Phone number: 800.323.4040 option 1
Email address: cdm@cap.org

Agency Contact
First and Last Name: Belinda Garza
Phone number: 956.364.8759
Email address: Belinda.Garza@dshs.texas.gov

PCS Contact
First and Last Name: Valerie Griffin
Phone number: 512.406.2458
Email address: Valerie.Griffin@hhs.texas.gov

1-1	FY23 CAP ANNUAL FEE CHECKLIST ACCREDITATION EFFECTIVE 9/1/22 THROUGH 8/31/23	963-16	1.00	YR	4905.00000	\$4,905.00	10/05/2022
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Schedule Total \$4,905.00

Item Total for Line 1 \$4,905.00

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Total PO Amount \$4,905.00

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

Valerie Griffin, CTCD, CTCM

10/05/2022