Department of State Health Services

Purchase Order

Dispatch via Print

512/406-2514

Extended Amt Due Date

Payment Te	ě	Ship Via		11116	TV 2 00002020
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000302663
	by informal bid, Invitation for Offer, or		Date	Revision	Page
	s, terms, and conditions set forth in the a		12/05/22		1
_	responses become a part of this numbered oods or services delivered meet or exceed		Ship To:	4546 - Austin:1100 W 49	`
requirements		i numbered paremase order			ATE HEALTH SERVICES
	ts, shipping papers, invoices, and corre	espondence must be identified		1100 W 49th St (DBGL) PO Box 149347	
	rchase Order Number.	•		Austin TX 78756	
				United States	
X7 1	1220904655.0		Dan ar	Ii. Delle Eil Cl.	•
Vendor:	1330804655 9 ILLUMINA INC		Bill To:	Invoice-DSHS Fiscal Clair	IMS ATE HEALTH SERVICES
	12864 COLLECTION CENTER DR			1100 W 49th St (RBB)	TE TIEZ ETTI SERVICES
	CHICAGO IL 606930128			PO Box 149347	
	United States			Austin TX 78756	
				United States	
				510/150 5110	
			Fax:	512/458-7442	
			Email:	invoices@dshs.texas.gov	

Quantity

Purchaser:

UOM

Call, Julie Ann

PO Price

SHIPPING INSTRUCTIONS: SHIP ACCORDING TO THE DUE DATES SPECIFIED ON THE PO.

Class/Item

FREIGHT: F.O.B. DESTINATION FREIGHT PREPAID ALLOWED

Inventory Item ID - Line Description

DELIVERY: 4 WEEKS AFTER RECEIPT OF PO

DELIVERY HOURS ARE FROM 8:00-11:30 AM AND 1:00-4:30 PM MONDAY FRIDAY EXCEPT DESIGNATED STATE HOLIDAYS

AGENCY CONTACT: BONNIE OH 512-776-7784 BONNIE.OH@DSHS.TEXAS.GOV

Line-Sch

BONNIE.ON & BONO. 1 EXAC.GOV

DENE THOMPSON 512-776-2457 DENE.THOMPSON@DSHS.TEXAS.GOV

HHSC BUYER: JULIE CALL, CTCD, CTCM 512-406-2514 JULIE.CALL@HHS.TEXAS.GOV

VENDOR: ILLUMINA RYAN REYNOLDS 210-303-6065 RREYNOLDS@ILLUMINA.COM

PO BILL TO INFORMATION DSHS ATTN: FISCAL DIVISION/ACCOUNTS PAYABLE 1100 WEST 49TH STREET AUSTIN, TEXAS 78756

CODE # 4546

INFORMAL IFB # 208176

PURCHASING METHOD: OM/F

TEXAS GOVERNMENT CODE 2156.063

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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 12/05/22	Revision P		
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:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States			
Vendor:	1330804655 9 ILLUMINA INC 12864 COLLECTION CENTER DR CHICAGO IL 606930128 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: Email:	512/458-7442 invoices@dshs.tex	as.gov	
				Purchaser:	Call,Julie Ann	512/406-2514	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	

NOT TO EXCEED \$25,000

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 208176

1-1	CAT# 20050264; NEXTSEQ 1000/2000 P1 REAGENTS (300 CYCLES)	193-36	2.00	EA	1250.00000	\$2,500.00	12/30/2022
					Schedule Total	\$2,500.00	
					Item Total for Line 1	\$2,500.00	
2-1	CAT# 20040561; NEXTSEQ 1000/2000 P3 REAGENTS (300 CYCLES)	193-36	2.00	EA	6150.00000	\$12,300.00	12/30/2022
					Schedule Total	\$12,300.00	
					Item Total for Line 2	\$12,300.00	
3-1	ESTIMATE SHIPPING/INSURANCE/HANDLING CHARGES	962-86	1.00	LOT	888.00000	\$888.00	12/30/2022
					Schedule Total	\$888.00	
					Item Total for Line 3	\$888.00	
					Total PO Amount	\$15,688.00	

Department of State Health Services

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			Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States		
Vendor:	1330804655 9 ILLUMINA INC 12864 COLLECTION CENTER DR CHICAGO IL 606930128 United States			Bill To:	Invoice-DSHS Fis DEPARTMENT (1100 W 49th St (F PO Box 149347 Austin TX 78756 United States	OF STATE HEALTH SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.tex	xas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser:	Call,Julie Ann	512/406-2514 Extended Amt 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

Tulic Call, CTPM, CTCM

12/05/2022