## **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHS	STX-3-0000306021
specification	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			Revision	Page 1
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 SER 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States		ATE HEALTH SERVICES
Vendor:	1770441625 8 CEPHEID PO BOX 74007537 CHICAGO IL 60674-7537 <b>United States</b>		Bill To:	Invoice-DSHS Fiscal Cla DEPARTMENT OF STA 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ims ATE HEALTH SERVICES

**Fax:** 512/458-7442

Email: invoices@dshs.texas.gov

 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: 2 Days 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

QUOTE #: 0020104212

AGENCY CONTACT:

Rashmi Tuladhar- Rashmi.Tuladhar@dshs.texas.gov

Chun Wang- Chun.Wang@dshs.texas.gov

Ship to Attn: Rashmi Tuladhar

HHSC BUYER: Michael Fuentes, CTCD, 512-406-2433

Michael.Fuentes@hhs.texas.gov

VENDOR: Sarah Parker 512.947.6600

Sarah.Parker@cepheid.com

Lou Ann Shaeffer 832-570-4948 Cell

louanne.shaffer@omniapartners.com

OMNIA GPO and DSHS Contract # HHS000918300001

OMNIA GPO and Cepheid Contract # LB0140

PURCHASING METHOD: EX/0

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

#### 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# 212593

# **Department of State Health Services**

### **Purchase Order**

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						Dispa	tch via Print
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specification	by informal bid, Invitation for Offer, or Rec ns, terms, and conditions set forth in the adve	ertisement and ver	ndor's	<b>Date</b> 12/02/22	Revision		Page 2
guarantees g requirements All shipmer	responses become a part of this numbered pugoods or services delivered meet or exceed not s.  nts, shipping papers, invoices, and correspondese Order Number.	umbered purchase	e order	Ship To:	4546 - Austin:1100 DEPARTMENT OF 1100 W 49th St (DE PO Box 149347 Austin TX 78756 United States	STATE HEALTH	
Vendor:	1770441625 8 CEPHEID PO BOX 74007537 CHICAGO IL 60674-7537 United States			Bill To:	Invoice-DSHS Fisca DEPARTMENT OF 1100 W 49th St (RB PO Box 149347 Austin TX 78756 United States	STATE HEALTH	H SERVICES
				Fax: Email:	512/458-7442 invoices@dshs.texas	s.gov	
				Purchaser:	Fuentes, Michael	51	2/491-2879
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
1-1	CLINICAL DIAGNOSTIC INSTRUMENT ITEM GXXVI-16-D Cepheid PCR CLINICAL DIAGNOSTIC INSTRUMET (includes shipping and handling)	495-20	1.00	EA	158794.00000	\$158,794.00	12/02/2022
					Schedule Total	\$158,794.00	

1.00 EA

1.00 EA

495-20

495-20

Item #:PRINTER-BW

Power; Saving Back-ups

Item #: 850-0386 Power Cord Equip -

3-1

**Item Total for Line 1** \$158,794.00

Schedule Total

Schedule Total \$995.00

**Total PO Amount** \$159,989.00

\$200.00 12/02/2022

\$995.00 12/02/2022

\$200.00

\$200.00

\$995.00

200.00000

Item Total for Line 2

995.00000

Item Total for Line 3

# **Department of State Health Services**

### **Purchase Order**

**Dispatch via Print** 

Payment T		Ship Via			ILLICTY 2 000020C024	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-3-0000306021	
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			Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States		
Vendor:	1770441625 8 CEPHEID PO BOX 74007537 CHICAGO IL 60674-7537 <b>United States</b>		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.texa	as.gov	
			Purchaser:	Fuentes,Michael	512/491-2879	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantit	y UOM	PO Price	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
Will Junt, CTPM

12/12/2022