

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> FOB Dest. Prepaid & Add	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000308896</b>
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.			<b>Date</b> 01/24/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 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
			<b>Page</b> 1

**Vendor:** 1954141306 8  
 QIAGEN INC  
 PO BOX 5132  
 CAROL STREAM IL 601975132  
 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:** Wherry, Valerie F 940/720-8479

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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PLEASE REPLY TO CONFIRM RECEIPT OF THIS PURCHASE ORDER TO FAX NUMBER (940)720-8446 OR TO valerie.wherry@hhs.texas.gov

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid/Add

DELIVERY: 7-14 Days After Receipt of PO

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

AGENCY CONTACT:  
 Bethany Bolling  
 (512)776-2442  
 bethany.bolling@dshs.texas.gov

Ship to Attn: Bethany Bolling  
 Loading Dock: L-114  
 Building: Laboratory L-522

HHSC BUYER:  
 Valerie Wherry, CTCD  
 (940)720-8479  
 valerie.wherry@hhs.texas.gov

VENDOR:  
 David Mack  
 (800)426-8157  
 david.mack@qiagen.com

QUOTE 230123US01606823AC  
 CUSTOMER #306856

PURCHASING METHOD: SP/E  
 Not to Exceed \$10,000.00

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

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Requisition 0000215997							
1-1	52904 QIAAMP VIRAL RNA MINI KIT (50)	175-13	1.00	KIT	341.00000	\$341.00	02/13/2023
<b>Schedule Total</b>						\$341.00	
<b>Item Total for Line 1</b>						\$341.00	
2-1	Estimated Freight Charges	962-86	1.00	LOT	77.52000	\$77.52	02/13/2023
<b>Schedule Total</b>						\$77.52	
<b>Item Total for Line 2</b>						\$77.52	
<b>Total PO Amount</b>						\$418.52	

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 Wherry, CTCD*

**01/26/2023**

