Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX	(-3-0000309077
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 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.			Revision	Page 1
guarantees governments All shipmen				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:	1232942737 6 FISHER SCIENTIFIC COMPANY I PO BOX 404705 ATLANTA GA 303844705 United States	LC	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE I 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	HEALTH SERVICES

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

Fax: Email: 512/458-7442

invoices@dshs.texas.gov

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

DELIVERY: 10-15 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

QUOTE # 3024-5648-23 Account # 826130-008

Send Invoices: LABACCOUNTING@DSHS.TEXAS.GOV

AGENCY CONTACT:

Derek Seidel 512-776-2418 derek.seidel@dshs.texas.gov

HHSC BUYER: Courtney Meads, CTCD, CTCM 512-406-2478 courtney.meads@hhsc.state.tx.us

VENDOR: FISHER HEALTHCARE THERMO FISHER SCIENTIFIC

MATT SULLIVAN PHONE (713) 806-5231 CUSTOMER SERVICE 1-800-640-0640 MATT.SULLIVAN@THERMOFISHER.COM

CS.QUOTES@thermofisher.com FS.Order@thermofisher.com

Purchase Order

Dispatch via Print

Payment Te	ě .	Ship Via			1110TV 0 000000077	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	t	HSTX-3-0000309077	
	by informal bid, Invitation for Offer, or R		Date	Revision	Page	
	is, terms, and conditions set forth in the ad		01/27/23		2	
	responses become a part of this numbered		Ship To:	4546 - Austin:1100	0 W 49th St (DBGL	
	oods or services delivered meet or exceed	numbered purchase order	F	DEPARTMENT OF	F STATE HEALTH SERVICES	
requirements				1100 W 49th St (DI	BGL)	
	its, shipping papers, invoices, and corre	spondence must be identified		PO Box 149347		
with our Pu	rchase Order Number.			Austin TX 78756		
				United States		
Vendor:	1232942737 6		Bill To:	Invoice-DSHS Fisc	al Claims	
	FISHER SCIENTIFIC COMPANY LLC			DEPARTMENT OF STATE HEALTH SERVICES		
	PO BOX 404705			1100 W 49th St (RI	BB)	
	ATLANTA GA 303844705			PO Box 149347		
	United States			Austin TX 78756		
				United States		
			F2.	£12/4£9 7442		
			Fax:	512/458-7442	20.004	
			Email:	invoices@dshs.texa	as.gov	
			Purchaser:	Meads,Courtney	512/406-2478	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

PREMIER GPO and DSHS Contract # HHS000722100001

PREMIER GPO and Fisher Scientific Contract # PP_LA_508

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 \$50,000.00 unless solicited

REQUIREMENTS/LIMITATIONS:

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

175-53

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

Requisition: 215483

3-1

1-1 175-53 8.00 EA 882.18000 \$7,057.44 01/27/2023 NC9913532 PCS BLK RGNT KT NO PLS 50BLNKS **Schedule Total** \$7,057.44 Items must be exactly as specified. Line 1: Request that all kits are from the same lot with an expiration date greater than 12 months REQUEST THE FOLLOWING KIT COMPONENTS PER KIT: three (3) Range 1, and one (1) each of 2, 3 4 Item Total for Line 1 \$7,057.44 2-1 175-53 2.00 EA \$251.72 01/27/2023 125.86000 NC9952058 PCS SAMPLE SOLUTION RANGE 5 Schedule Total _____ \$251.72 Request all items come from the same lot as bulk reagent kit on line 1 \$251.72 Item Total for Line 2

1.00 EA

410.44000

\$410.44 01/27/2023

Purchase Order

Dispatch via Print

Payment Ten Net 30	Prepaid & Allow	Ship V BEST	WAY	Purc	hase Order		HHSTX-3-0		
specifications	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adve	ertisement and ve	endor's	Date 01/2		Revision		Pa	
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:	1232942737 6 FISHER SCIENTIFIC COMPANY LL PO BOX 404705 ATLANTA GA 303844705 United States	.C		Bill T	co:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States			
					Fax: Email:	512/458-7442 invoices@dshs.tex	as.gov		
				Purc	haser:	Meads,Courtney	5	12/406-2478	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date	
	NC9734314 MVS RANGE D SOLUTION; 120ML								
					Sche	dule Total	\$410.44		
Request all it	ems come from the same lot with at least tv	wo (2) year expir	ation date.		Item Total i	for Line 3	\$410.44		
4-1	NC0901525 MVS RANGE E SAMPLE SOLTN120ML	175-53	1.00	EA		416.64000	\$416.64	01/27/2023	
					Sche	dule Total	\$416.64		
Request all it	ems come from the same lot with at least tv	vo (2) year expir	ation date.		Item Total i	for Line 4	\$416.64		
5-1	NC9269159 MVS VERIFICATION PLATES-N 25BX	175-53	5.00	PCK		637.25000	\$3,186.25	01/27/2023	
					Sche	dule Total	\$3,186.25		
Paguast all :4	ame come from the same lot with at least to	vo (2) veer over	ation data		Silie		,		
request all II	ems come from the same lot with at least tv	vo (2) year expir	auon date.		Item Total	for Line 5	\$3,186.25		
5-1	NC9997153 384 WELL VERIFICATION PLATES	175-53	5.00	PCK		950.04000	\$4,750.20	01/27/2023	
					Sche	dule Total	\$4,750.20		
Request all it	ems come from the same lot with at least ty	vo (2) year expir	ation date.						
1		(,)p			Item Total i	for Line 6	\$4,750.20		
7-1	NC9280731 500ML DILUENT	175-53	5.00	EA		159.12000	\$795.60	01/27/2023	

Schedule Total \$795.60

Request all items come from the same lot with at least two (2) year expiration date.

SOLUTION-1/PK

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Vendor: 1232942737 6

FISHER SCIENTIFIC COMPANY LLC

PO BOX 404705

ATLANTA GA 303844705

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

				Pur	chaser: Meads,Cou	rtney 51	12/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Item Total for Line 7	\$795.60	
8-1	NC9669283 PCS INST.CALBRTN KIT- NON-CERT.	175-53	1.00	EA	322.40000	\$322.40	01/27/2023
					Schedule Total	\$322.40	
Request all i	tems come from the same lot with at least two	o (2) year expira	ation date.			0000 40	
					Item Total for Line 8	\$322.40	
9-1	501037266 WATER MOLECULAR GRADE 0.5L 1L	175-53	6.00	EA	16.81000	\$100.86	01/27/2023
					Schedule Total	\$100.86	
Request all i	tems come from the same lot with at least two	o (2) year expira	ation date.				
•					Item Total for Line 9	\$100.86	
10-1	501870975 BAGS RED 61X81CM 200/PK	175-53	5.00	PCK	199.00000	\$995.00	01/27/2023
					Schedule Total	\$995.00	
					Item Total for Line 10		
11-1	13690026 RESEARCH PLUS 0.5-10UL PIPETTE	175-53	2.00	EA	412.28000	\$824.56	01/27/2023
					Schedule Total	\$824.56	
					Item Total for Line 11	\$824.56	
12-1	13690047 RESEARCH PLUS 8-CH 0.5- 10UL	175-53	2.00	EA	1359.00000	\$2,718.00	01/27/2023
					Schedule Total	\$2,718.00	

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Payment Tern Net 30	reight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000309077
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Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY PO BOX 404705 ATLANTA GA 303844705 United States	LLC	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.texas.gov

				Purc	chaser: Meads,Cou	urtney 51	12/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Item Total for Line 12 _	\$2,718.00	
13-1	13690050 RESEARCH PLUS 12-CH 0.5-10UL	175-53	1.00	EA	1570.00000	\$1,570.00	01/27/2023
					Schedule Total	\$1,570.00	
					Item Total for Line 13	\$1,570.00	
14-1	13690048 RESEARCH PLUS 8-CH 10- 100UL	175-53	1.00	EA	1359.00000	\$1,359.00	01/27/2023
					Schedule Total	\$1,359.00	
					Item Total for Line 14	\$1,359.00	
15-1	FREIGHT CHARGE	962-86	1.00	EA	600.00000	\$600.00	01/27/2023
					Schedule Total _	\$600.00	
					Item Total for Line 15	\$600.00	
					Total PO Amount	\$25,358.11	

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.

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	H	HSTX-3-0000309077
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 6
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Vendor:	1232942737 6 FISHER SCIENTIFIC COMPANY LLC PO BOX 404705 ATLANTA GA 303844705 United States		Bill To:	Invoice-DSHS Fisca DEPARTMENT OI 1100 W 49th St (RE PO Box 149347 Austin TX 78756 United States	F STATE HEALTH SERVICES
			Fax: Email:	512/458-7442 invoices@dshs.texa	is.gov
			Purchaser:	Meads,Courtney	512/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

Authorized By

Candry Meach CTCD, CTCM

01/27/2023